The PUBLIC HEALTH NURSE

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EDITORIAL

YALE UNIVERSITY HONORS MISS NUTTING

ALL our readers will rejoice in the honor conferred on June 21st by Yale University on the woman and nurse we have known as head of the Department of Nursing and Health at Teachers College since 1906.

Mary Adelaide Nutting graduated in the first class of the Johns Hopkins School of Nursing in 1891, and followed Isabel Hampton Robb as principal of the school, going from there to Columbia University. A long, continuous and honorable service.

The only woman to receive the Master's degree at Yale this year, Miss Nutting is the eighth so honored by the University.

The others are: Jane Adams, Mabel T. Boardman, Mary E. Woolley, Julia C. Lathrop, Katherine B. Davis, Cecelia Beaux (whose portrait of Miss Nutting hangs in the Nurses' Home of the Johns Hopkins Hospital), and Madame Curie. A goodly company.

Professor William Lyon in conferring the degree, presented Miss Nutting as an authority on nursing—"Her zeal and knowledge made her conspicuous during the war, when she was appointed by President Wilson, chairman of the Committee on Nursing in the Council of National Defense. She was awarded the Liberty Service medal of the National Institute of Social Sciences. She is a joint-author of an authoritative History of Nursing. Her devotion, courage, faith, skill, and magnificent perseverance have made her today one of the most useful women in the world."

A SECTION ON PUBLIC HEALTH NURSING

ALL Public Health Nurses will be interested in the recent creation of a provisional Public Health Nursing Section by the American Public Health Association. It is the practice of that organization not to make new sections permanent until they have passed through the first two or three years of their development. It is also their practice to strengthen new sections by providing them with Supervisors from the Board of Directors of the American Public Health Association. Dr. Allen McLaughlin, the

President of the American Public Health Association, has appointed the President of the National Organization for Public Health Nursing as the Chairman of the new section, and Agnes Martin, Superintendent of Nurses of the Board of Health of Milwaukee, Wisconsin, as Secretary. He has also appointed Dr. Henry Vaughan, Dr. Haven Emerson and Dr. S. J. Crumbine as supervisors.

The section will make its debut at the annual meeting of the American Public Health Association which is to be held in Cleveland, October 16th to 19th, inclusive. The first half-hour of the section program will be devoted to the business of setting up an informal organization of the section, electing officers, and deciding what shall be the particular task to be undertaken by the section as its program for the year. During the remaining two hours of the session three papers dealing with the various aspects of municipal nursing will be presented for discussion.

The programs for the other sections also promise some very interesting sessions and it is hoped that many nurses in Ohio and from the neighboring states will attend the meeting. They are needed to help to breathe the breath of life into our baby section. *Elizabeth G. Fox*

THE BI-ENNIAL CONVENTION

ON every side enthusiastic comments are heard of the success of the recent biennial convention of the three national nursing organizations. The beauty of Seattle, the hospitality of our hostesses, the obliging weather man, the comfortable arrangements, the excellency of the program and the splendid harmony prevailing unbroken throughout the convention are all mentioned repeatedly in the general chorus of satisfaction. From the point of view of accomplishment also, this convention will stand out in the history of the National Organization for Public Health Nursing.

The adoption of the revised constitution and by-laws brought about a change in the form of our National Organization of far reaching effect. Up to the present the National Organization for Public Health Nursing has been a national body with several thousand local units constituted of individuals and agencies, but with no larger intermediary units which could be represented on the Board and whose representatives could speak with authority for the members constituting such units. The result has been the inevitable centralizing of the determination of policy, and the management of the work of the organization, in the Board of Directors of the National Organization. The opportunity now afforded to create state units by transforming state public health nursing organizations into organic branches of the national organization, with representation on the Board of Directors, will make it possible to bring all parts of the country into the counsels of the national body and to give our members more direct contact with and control over the affairs of the national organization through the medium of their state organizations. Perhaps no change of greater potential significance could have been made. It marks an epoch in our progress toward a more democratic management.

Of almost equal importance was the new status given lay members. They were granted the right to "vote on all matters excepting those pertaining to the technical questions of membership and nursing education." Their representation on the Board of Directors was increased to eight members and representation on the Executive Committee was extended to them for the first time. These are also important steps forward toward the goal of greater democracy.

Most heartening was the unanimous passage of a resolution to the effect that our nurse members desire to bear a larger share of the financial responsibility for their national organization and recommend to the Finance Committee that it call

upon the nurse members both for personal contributions and for assistance in securing new contributors. No more genuine testimony could have been given of the vitality of the organization or of the confidence and devotion of its members.

We all know directly or indirectly what a tower of strength Mary Gardner has been to the organization ever since its birth and we may well rejoice over her election as Honorary President. Possessing a discerning and judicial mind, an exquisite sense of justice and a rare generosity of spirit, she has made a continuous contribution of incalculable value both to the National Organization and to the cause of public health nursing. Because of her repeated service as an officer or a director year after year she felt this spring that the time had come when others should take her place and refused to allow her name to be put in nomination. To be cut off from consulting her officially would indeed be a calamity to the organization. By virtue, however, of her honorary presidency she will remain directly in touch with the affairs of the organization and we shall continue to benefit by her understanding and judgment.

While the business of the convention was of vital importance, the excellency of the program should not go unnoticed. Among the many valuable papers, those of Dr. William Palmer Lucas, Dr. Richard Olding Beard and Dr. William F. Snow, were perhaps the most profoundly significant, while Dr. Caroline Hedger's pungent address on the application of health education to the nurse, Katherine Tucker's brilliant exposition of the scope of visiting nursing, and Dr. David Stewart's instructive paper on tuberculosis will not be forgotten. The spirit of the convention has never been surpassed in the ten years the writer has been attending conventions. Common sense, intelligent purpose, good will, enthusiasm and the good old spirit of service were constantly in evidence. A sense of fun frequently made the meetings pleasantly hilarious. Perhaps it was due to the weather or the hospitality of Seattle, possibly it was because of a change creeping into our venerable but ever young profession, but whatever the cause, the convention was singularly characterized by the spirit of buoyant youth, full of life, dreams, ideals and great expectations.

Elizabeth G. Fox

WHAT THE CONVENTION MEANT TO THE WEST

THE conventions of the national nursing organizations are always milestones of outstanding importance in the history of nursing. But most especially for the particular section of the country so fortunate as to be chosen as the place of meeting are they of immeasurable significance. This has been peculiarly the case with the recent Seattle Convention, because of the comparative isolation of the vast Northwest from the nursing centers of the country. "Seattle 1922" spells for thousands of western nurses and for a large number of western nursing organizations, to say nothing of the laity at large in this rapidly developing field, a widened horizon and new perspectives, a stimulation of interest in and understanding of the nursing job itself—its purposes, its underlying principles and its scope—and lastly, a new pride and zeal in the profession.

When, two years ago at Atlanta, the vote for Seattle as the next meeting place was cast, the western nurses were jubilant at the prospect of entertaining our eastern, southern and middle-western sisters. With a loyal pride in what our profession was accomplishing in our pioneer corner of the country, and feeling keenly as we did that, because of our geographical isolation, we had been more or less out of national nursing activities, we looked forward with eager anticipation to the 1922 convention as our rich opportunity.

Nor have we been disappointed.

The professional outlook of many of us had almost unavoidably, because of pioneer conditions and professional isolation, become comparatively limited—a condition which is found in any section where nurses lack access to larger nursing centers and the close-up contacts so vital to a high professional morale. At the Seattle meetings we found an inspiration and a new awakening that cannot but bring fresh strength to the entire nursing body. Further than this, and perhaps the most valuable contribution of all, there came a clearer group consciousness and a better conception of the solidarity of our profession than we had ever experienced before.

And to our co-workers among the lay people, the gathering of some three thousand of professional and non-professional workers in the nursing field has proven of incalculable value. The nursing profession has, we feel sure, acquired a new dignity and respect in their eyes. We hope they have come to realize something of the strength of our profession and the seriousness and purposefulness of its aims and that never again will the Northwest be indifferent or unknowing. Surely a new and better co-operation is to follow.

On the other hand, while the Convention has meant more to us western nurses than can be told in words, we are hoping that the nurses from the other parts of the country have gained a new and more sympathetic appreciation of our special problems. Thus, as never before, should there be cemented a bond of kinship and friendly fellowship which will make each of our three national nursing organizations a more coherent and unified group than ever before in its history.

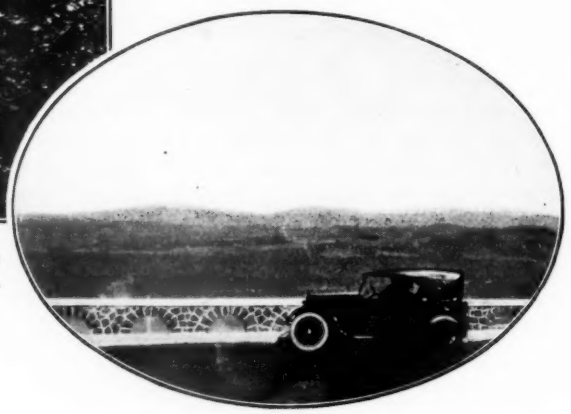
The West has needed a new consciousness of group and the fresh inspiration which only a national gathering of fellow workers can adequately give. The rest of the national body of nurses has very much needed to know and appreciate their Western sisters. Seattle 1922 was most successful in supplying these needs.

Jane C. Allen.

One of the many lovely waterfalls to be seen from the Columbia Highway.

THE LIGHTER SIDE OF THE CONVENTION

Many of the visitors enjoyed the wonderfully scenic trip up the Columbia Highway. Portland nurses held an early morning reception for a large group who arrived there on July 2nd; and there were further festivities in the evening, after the return from the Highway.



CONVENTION IMPRESSIONS

By ALTA ELIZABETH DINES

WHAT more glorious setting for an inspirational meeting could have been chosen than Seattle—the city of water and hills—with her impressive water front and the lofty and celestial Rainier keeping eternal, if sometimes veiled vigilance! Into this setting came the several thousand enthusiastic nurses from North, East, South and West. They were warmly greeted by cordial friends and during the week of meetings the kindly hospitality of the hostess city did not wane. Abundance of giant roses and an array of other flowers such as the guests had never seen, seemed to be omnipresent in generous profusion to add to the beauty and joy of the occasion. The "Nurses Lets' Go" cars and their drivers made the hills and distances attractive even to meeting-worn nurses. And the newsies responded to queries with a breezy "You-bet-your life" helpfulness, most refreshing to those accustomed to less wholesome and more obsequious attention. Into this setting and this welcome the nurses came, ready for business. Sightseeing was a thing to be indulged in when the business had been transacted and when the nurse had gleaned the essence of every speaker's message. The prevailing attitude was of serious-minded interest. All the meetings were crowded, all the subjects were discussed eagerly, and most of the smaller section meetings adjourned before the group was half ready to disband. One of our distinguished guests said that if such attentiveness could be gained in all important conventions the business of the world would move more rapidly and more surely.

It is impossible to recount all the purple moments in that convention. Every nurse was thrilled with each national president's message! Every nurse was thrilled when the news of Miss Nutting's honorary degree from Yale University was announced! Every nurse was thrilled when Miss Goodrich read Miss Goldmark's report, which gave consent to so much that our leaders have long since seen! What an impressive silence just before the election returns were announced! What an expressive burst of applause to greet the new officers!

To the Public Health Nurses, what could have been more inspiring than to hear that twenty-four hour maternity services have been successfully worked out, that a democratic staff organization is a demonstrated fact, that Oregon has put into practice in her schools a graded course which will scientifically prepare her boys and girls for parenthood! And there were a dozen more such vital issues discussed. Perhaps best of all in the public health ranks was the hearty vote of confidence in the directors and officers of the National Organization for Public Health Nursing and the determination on the part of the nurses to shoulder a greater share in helping to tide over the financial crisis. Then, Miss Mary Gardner was made an Honorary President!

So the week flew by—each day crowded to the limit—but always there was time for greetings and meetings. Every little tea-room showed its groups of interested nurses and reunions. Perhaps one of the richest contributions that the Convention made to each individual participant was this opportunity for broadening by learning to know better her "old friends" in her profession, and by giving her contacts with new ones.

REPORT OF REGISTRATION

AT BIENNIAL CONVENTION, NATIONAL NURSING ORGANIZATIONS, 1922

Number of American Nurses Association	569
Number of National League of Nursing Education	118
Number of National Organization for Public Health Nursing	378
	1065
Visitors	918
Total Registration, without duplicates	1983

REGISTRATION BY STATES

	N.O.P. H.N.	Total
Alabama	0	8
Arizona	2	4
Arkansas	0	7
Alaska	0	2
California	27	101
Colorado	6	26
Connecticut	7	23
Delaware	0	1
District of Columbia	4	10
Florida	1	6
Georgia	2	9
Idaho	5	27
Illinois	16	113
Indiana	7	38
Iowa	21	52
Kansas	10	22
Kentucky	2	11
Louisiana	0	4
Maine	1	2
Massachusetts	12	41
Maryland	3	10
Michigan	27	80
Minnesota	13	123
Mississippi	1	1
Missouri	16	63
Montana	4	25
Nebraska	4	21
Nevada	1	1
New Hampshire	2	8
Carried forward	194	839

	N.O.P. H. N.	Total
Brought forward	194	839
New Jersey	7	17
New Mexico	2	5
New York	21	131
North Carolina	2	9
North Dakota	2	17
Ohio	13	42
Oklahoma	4	14
Oregon	30	109
Pennsylvania	13	73
Rhode Island	2	3
South Carolina	0	3
South Dakota	5	14
Tennessee	3	8
Texas	8	30
Utah	2	24
Vermont	2	3
Virginia	5	10
Washington	42	517
Wyoming	2	5
Wisconsin	9	23
West Virginia	3	13
Canada	6	65
China	0	2
Hawaii	1	3
Holland	0	1
Phillippine Islands	0	2
Korea	0	1
Grand Total	378	1983

SOME QUESTIONS CONCERNING PUBLIC HEALTH NURSING

OUR PRESIDENT'S RESPONSE TO THE MAYOR'S ADDRESS OF WELCOME AT THE FORMAL OPENING SESSION OF THE THREE NATIONAL ORGANIZATIONS

THIS is the tenth anniversary of the birth of the National Organization for Public Health Nursing, and an amazing decade it has been in the development of public health nursing, with its breathless multiplication of Public Health Nurses and public health nursing services, and its constantly widening range of activities, objects and ideals. One undertaking has led inevitably to another and services begun in a simple way to meet some circumscribed need have spread naturally from one field into another, until today Public Health Nurses are engaged in a multitude of activities which were scarcely dreamed of a few years ago. From the original idea of the visiting nurse as a graduate nurse engaged in nursing the sick poor, in two decades, and more especially in the last, has evolved the modern conception of the Public Health Nurse as a graduate nurse with special training who no longer nurses only the sick and the poor, but is also the messenger and teacher of hygiene and sickness prevention to the rich and the poor, the sick and the well.

The visiting nurse is more and more becoming the guardian of health in the home and is reaching a larger and larger proportion of the population. Nurses engaged in special work are increasingly making their goal the health of the whole family, as it becomes clearer every year that there is no single special disease or condition which can be eliminated or corrected without reference to other diseases or conditions.

From working in the homes with individuals and families, the Public Health Nurse has broadened out to reach groups through clubs and classes, and the general public through exhibits, demonstrations and all manner of community undertakings designed to spread the knowledge of health and to create an enthusiasm for its possession.

From the exclusive technician, busy with her own individual professional service, the Public Health Nurse has become an organizer engineering a wide general health program with the aid of many individuals and groups in the conduct of which she reserves to herself only those tasks requiring professional knowledge and skill. In so doing she greatly increases the volume of work accomplished and the range of its influence and promotes a more intimate, enthusiastic, and intelligent understanding of health and health work on the part of all those drawn into the service. She has learned to work *with* rather than *for* people.

Thus by rapid, natural, almost inevitable steps the Public Health Nurse has become a promoter and protector of family and community health through her own technical service and by organizing the people to take their part.

The time has come to pause and review the situation as we find it today, to study the experience of the last decade; to scrutinize our development, which of late has taken many directions; to examine the efforts, plans and ideals of other workers who have come into the field more recently; to find our place and take our bearings again in order to make sure that we are going in the right direction; and to reinforce and improve much of our work which is still rough and crude. Our progress has been so rapid that we have scarcely had time to perfect our workmanship or to work out the refinements of technique. Before we proceed further we must stop to make sure that the structure we are rearing is sound and whole.

Let us look at the progress we are making in the various branches of

public health nursing. Take visiting nursing for a moment. In spreading out into many other fields of public health nursing have we done all that we should in this, the first and fundamental service? Shall we be satisfied until every maternity patient who is in need of our service receives it; until we reach the great body of people of moderate income as effectively as we now reach the poor; until our service is extended to those ill with contagious diseases and the weary victims of poliomyelitis; until we have gone farther in experimenting with the development of some type of continuous service for those who need more attention than the visiting nurse can give, but who cannot afford or do not need a private nurse? Many efforts are being made to raise the necessary funds and to work out practicable methods of accomplishing these ends. Surely until they are met we have not reached the limit of development of visiting nursing. More and more also we must encourage and foster the conception of the visiting nurse as the family health worker and teacher.

An important factor in the program for the care of the sick and the diffusion of knowledge about health is the teaching of home nursing and hygiene, not only to individuals in the homes where there is illness or some health problem but also to groups of people in whose homes there may be no illness in order that they may know better how to create a healthful environment in their homes and how to care for their own when sickness comes. The teaching of the Red Cross classes in Home Hygiene and Care of the Sick is being done by many Public Health Nurses today as a definite part of their work. Is this not an important addition to the public health nursing program, and should it not have a wide extension as soon as more Public Health Nurses learn the art of teaching?

In our child welfare work have we not been too concerned with the physical side of the child's development, too neglectful of the mental and emotional side? Have we not been too content to lay down the law to the mother as if it could be carried out by fiat without realizing that it would probably require a considerable change in her method of training her child which she might not know how to accomplish. Indeed, have we known how ourselves? When some willing but weary mother has answered our instructions, "Yes, but Willie won't drink milk and I can't make him"—have we known enough about child psychology to teach her how to overcome Willie's objection? If we are to be successful in establishing permanent and intelligent health habits in the children, must we not take time to learn much more about the development of their mental and emotional natures?

Have we begun to realize the importance of working for mental health as well as physical health? Are we learning to recognize symptoms of unsound mental development and to deal with them? Can we be content much longer to confine ourselves to that part of the health problem which has to do with anatomical or physiological conditions and to pass over mental conditions? Shall we discover one child's diseased tonsils and another child's defective vision and fail to discover a third child's distorted mental attitude? Should not preventive work apply to the mind as well as to the body? Is not our neglect of this side of our work largely due perhaps to our ignorance of the science of human behavior?

What are the primary responsibilities of the school nurse and what does the future hold for her? Realizing of late the importance of teaching the children health in the school room and the great lack of such teaching, she has shown a tendency to draw upon her already too limited time for follow up work in order to undertake more and more of the school room teaching. There is a lively movement among educators to incorporate the subject of health in the regular curriculum to be taught by the teachers, a development much

to be desired. In a few years health will doubtless have become a standard subject in school curricula throughout the country.

On the other hand, the importance of follow up work in the home is more and more becoming recognized and emphasized as essential not only to bring about a higher percentage of corrections of defects, but also to discover and encourage the improvement of home conditions injurious to the child's physical and mental development and to promote the co-operation of the parents in helping the child to practice the health habits he is taught at school. Does it seem, therefore, that the school nurse should be devoting her greatest efforts to developing and perfecting her work in the homes and should encourage and help the teachers to assume the responsibility themselves for the teaching of health, other than nursing demonstrations?

Rural public health nursing, though still an infant, is a lusty one. What is to be its development? If the rural nurse must devote herself principally to school nursing (and it seems generally to be agreed that in the big counties where there is only one nurse it is best to begin with school nursing), what will be the later development? Is there danger that visiting nursing will be excluded? Should we not encourage the efforts some county nurses are making to keep family health as the ideal goal and while making school nursing their main work, to connect it constantly with the home and the family and to seize every opportunity to develop a general service? While it is impossible for one nurse to care for the sick in the larger country areas and to meet other imperative needs as well, we must realize that no rural nursing service is complete until the sick have the nursing attention they need. Nursing care is surely very much needed, in the country—for hospitals and private nurses are rare.

We have watched industrial nursing grow up like a weed almost over-night, and like a weed we have given it little cultivation. Here is a great potential power for good at present largely misconceived and misdirected. There is some excellent industrial nursing being done but there is also much that is feeble, limited, unstandardized and even bad. In the death of Florence Wright, we lost a pioneer and leader who was doing much toward paving the way for standards in industrial nursing. Who will take her place and provide the leadership for our industrial nursing section which will make it a powerful influence in bringing order out of the present chaos?

We are witnessing a remarkable growth of recognition of public health nursing as a public service by those in authority. Within a few years the Public Health Nurses employed by the public authorities will greatly outnumber those employed by private agencies. We cannot fail to be glad that this is so, and yet are we wholly free from anxiety about it?

We profess to believe that the greater part of public health nursing should be a public service like the public schools, while we inwardly rebel at the thought fearing, perhaps from painful experience, that work of high standard under private control will deteriorate once it is exposed to the evils of politics. But have we done much to help keep the standard of public work high? Some of our states and a few cities have set a shining example of fine public work, but what have we done to help other states and cities to meet their difficulties? Have we not left it to the nurses engaged in public service to bring the standard up from within? Can they do it alone, working as individuals? Should we leave the whole burden upon them? Is there any reason why we should acquiesce in the pessimistic point of view that fine public work is exceptional and inevitably so? Must we not as a body get behind those of our members who are courageous enough to brave the difficulties of politics in order to pursue an ideal?

Can we not hope to improve conditions if we try? Improvements do not come without effort and we have no right to criticize so long as we do nothing to help.

Two decades ago the great field of health work was almost vacant of workers except for the health officers, few of them trained, and with a very limited range of work, a forward-looking doctor now and then, and an occasional visiting nurse. Today we find many different workers crowding into the field, some whose primary object has to do with one or another aspect of health, as the doctor, the health officer, the nurse, the medical social worker, the physical educator, the nutritionist, the dentist, the dental hygienist; and others whose work while not primarily for the promotion of health yet has a close connection with it, as social workers, occupational therapists, teachers and home demonstration agents, to name only a few. Some of these workers have developed in response to special opportunities or have initiated special programs to meet special needs. The needs have been conspicuous and universal, the propaganda often widespread but the trained workers all too few. The result has been a tendency on the part of each worker to try to cope with every unmet need whether within her scope or not. You will find nurses giving mental tests, teaching Walter Camp's daily dozen, conducting first aid classes, teaching hygiene in the schools, finding homes for children and doing many other things not usually included in public health nursing and for which one may well question their present fitness; and similarly you will find the other workers doing many things in which they, too, are only amateurs. Where once all was simple and there was only one language, today all is confusion of tongues.

Before the confusion gets too confounded, would it not be wise to confer together in a friendly spirit to the end that we may work as a team and avoid collision and competition? I am the last one to want a rigid classification or a series of narrow restricting definitions, but I do believe we would benefit by a better understanding of each other's objects, aspirations and ideals, a clearer recognition of the fact that specific training is required for each and every kind of technical work, and a little less willingness on the part of amateurs to rush in where trained workers fear to tread. The shoe fits us, too, does it not?

And finally, what shall be the education of the Public Health Nurse? Shall she be the product of a shorter training, with little or no hospital experience, as some advocate? Shall she have three years of training as heretofore, but with at least eight months of it devoted to special training in public health nursing? Does she not need and can she not receive in her hospital training a more substantial knowledge of preventive medicine? Must she be fully trained in a half dozen or more special branches as well as in the fundamentals of all public health nursing? To these questions we hope to hear the answer Wednesday night when the report will be given of the Rockefeller Committee which has been studying this question for two years. It is interesting in this connection to note that Public Health Nurses are not the only workers who believe that their education needs much modification and improvement. Only recently the Surgeon General of the U. S. Public Health Service called a conference in Washington of presidents of universities, deans of medical schools and schools of public health and prominent medical and public health men to discuss the education of the sanitarian, the public health worker. The one and only point on which there seemed to be unanimous opinion was that the present system of education for public health work is very far from ideal. Many of the other groups of workers in the health and social field are also recognizing the inadequacy of their training and are seeking to work out a more suitable preparation.

I have not attempted in these few words even to summarize the developments of the last decade, nor in asking these questions have I sought to point out all the problems which need our attention. My purpose has been merely to raise a few of the more perplexing but absorbing questions which are pressing for answers in order that we may realize that there never was a time when we needed to do so much careful thinking together, and that we may all set to work with a will to solve them, whether as individual workers or as members of the various sections and committees of the National Organization for Public Health Nursing. Some of these subjects appear on our convention program and will receive, I hope, a very full discussion. Others will probably be made the subject of special committee study during the next two years, and what interesting study they will make! These are indeed interesting times full of thrilling possibilities. We need to have our best wits about us to steer our course straight and safe amidst a multitude of alluring opportunities. Our future is bright before us if we have the wisdom to see it aright and the courage to stay on the track.

THE COMPETENT GUEST :: By Thurlby

Reproduced from *The Seattle Times*, by courtesy of the publisher.

(*All those who were in Seattle during the week preceding the Fourth of July will thoroughly appreciate the humor of the above cartoon.*)

THE REPORT OF THE BOARD OF DIRECTORS

By ELIZABETH G. FOX
President

I PROPOSE to give you an account only of the unusual and important happenings of the last two years with which your Board of Directors have had to deal, and will leave to our General Director, Miss Stevens, the pleasant task of reporting to you the achievements of our committees and administrative staff.

Since the last convention the National Organization for Public Health Nursing has passed through the most difficult years of its existence and, let us hope, the most difficult it will ever experience. As you all know, it has suffered a change in its presidency, two changes in its executive management, a financial crisis, and a sharp curtailment of personnel and activities. Let us consider these handicaps of the early months before turning to the better times that came later.

In the fall of 1920 Miss Crandall felt that the time had come when the Organization needed a change in its executive leadership. For eight years she had been the indefatigable and devoted Executive Secretary of the Organization. To her belongs a very large part of the credit for its steady progress from a feeble beginning to its present position of influence and responsibility, and her resignation was received with genuine and deep regret all over the country. A few months later the National Organization for Public Health Nursing was able to have again the benefit of her judgment when she was appointed to membership on the Executive Committee to fill the unexpired term left vacant by the resignation of Mrs. Haasis.

The National Organization for Public Health Nursing was indeed fortunate in securing Miss Florence Patterson as its next Executive Secretary, although she would only consent to serve temporarily. With a Scotch canniness, a rare fund of common sense and a diplomacy extraordinarily successful because founded on winning frankness and sincerity, she led us like a true statesman through many difficulties and won for us the esteem and confidence of our new partners, the group of national health agencies whom we joined in the Penn Terminal Building. But Miss Patterson, with provoking modesty, could not be prevailed upon to assume permanent responsibility for the affairs of the Organization. In January of this year, the Board of Directors was able to accede to her oft-repeated request to be relieved of her office, after it had been successful in its efforts to secure Miss Anne Stevens as our permanent General Director.

In the six months since she took office, Miss Stevens' unusual administrative ability, acumen and good judgment have greatly impressed your Board of Directors and we feel that we have every reason to look forward to a continuous period of sound growth and usefulness under her management.

To Miss Ada Carr, Associate Director, we owe the fact that these two changes in administrative management within two years have been made so smoothly. Her knowledge of the Organization, her never failing wisdom and her great ability to deal with almost any kind of a situation have been invaluable assets.

The office of President is an arduous one to fill, especially when there are administrative changes and the financial situation is troublesome. It makes a heavy draft on the little time the occupant has free from her own immediate tasks. For some time before her resignation, the burden began to tell on Miss Foley's health, but not until our disheartening dwindling of funds had been met by a program of retrenchment did she tender her resignation, which we are sure was as keen a disappointment to

our members as it was to the First Vice-President who had to step into her shoes.

You are all conversant with the financial depression which prevailed everywhere after the war and indeed has not entirely disappeared even yet. You are doubtless only too painfully familiar with the extraordinary difficulty with which the necessary funds have been raised to maintain local welfare work, and therefore it was probably no surprise to you when the National Organization for Public Health Nursing in the spring of 1921, finding itself unable to raise the desired budget, had to follow the example of many local organizations and retrench. You will see by the Treasurer's report that in 1921 less than one fifth of our budget came from our nurse members' dues, about one eighth came from sustaining members' dues, more than one third came from large contributions from sustaining members, while about another third came from special appropriations from the American Red Cross, Community Chests and Foundations. Our budget for the remainder of this year is not pledged. Individual contributions have been decreased and several large appropriations have not been renewed. Experience has shown us that we cannot expect continually to support our Organization by large contributions from a few people, nor can we hope for repeated renewals of special appropriations, when we are making no definite plan for ultimate support from those receiving the benefits of the Organization. Therefore, we must decide upon a plan to develop a sound financial basis, if our work is to go on.

After the war one of the large commercial publicity agents was engaged to conduct a campaign to raise our budget by securing a national sustaining membership. This plan failed. Then a plan was launched to secure these members by creating State Committees of Friends of Public Health Nursing. This has not proved generally successful, although we now have over two thousand sustaining members. This situation was discussed at the last Board meeting and I wish to present for your discussion at the close of my report the consensus of opinion of the members of the Board.

All members of the communities using Public Health Nurses, and those Public Health Nurses, should share in the support of this Organization, because it serves the community by helping to assure the best kind of a public health nursing service. Our ultimate hope for this support is to secure the major part of our budget in from ten to one hundred dollar annual contributions from an educated local public; another part from an annual assignment (1 per cent was suggested) from the budgets of local organizations in recognition of the service which the National renders to their communities and their staffs; the remainder from nurse and sustaining membership dues. We can only secure these ten to one hundred dollar contributions after a long, slow educational process. Boards of Directors will appropriate a part of their budget to the work of the National Organization only after an equally long, slow educational process. The Public Health Nurse herself is the person to do this educating, and in many instances she must first be educated to realize the benefits of the advisory and consultation services of the National and then be helped to teach the communities to use them.

In the meantime it would be necessary to depend on special appropriations and large contributions from a few individuals, or, failing to secure these, those nurses who are members of the National Organization must decide whether some of the services of the Organization are to be discontinued, or whether they will make a special effort to carry more of the financial responsibility. This might be done (1) either by increasing the dues for all members or by maintaining the present dues and asking those nurses with the larger salaries to

make a special contribution, in accordance with their resources, to the work of the Organization, and by (2) urging every nurse member to enthuse at least one person in her own community with an appreciation of the real value of the work of the National Organization, and with a desire to contribute ten dollars or more to its support.

If each one of our five thousand nurse members secured one ten dollar annual contribution, fifty thousand dollars, or more than half of our budget, would be assured.

We turn now from the difficulties with which we have been faced and which we are thankful to have survived more successfully than we dared hope, and from our present financial problem to some of the happenings which have meant progress to the Organization. One of the most significant and far-reaching events of the two years was our move into the Penn Terminal Building.

Those of you who have had the good fortune to visit our new headquarters appreciate how much it means to live in the same building and on the same floor with the other big national health and nursing associations. On one side of us are the offices of the American Nurses Association and the National League of Nursing Education. On the other, those of the American Social Hygiene Association. On the same floor are the National Committee for Mental Hygiene and the National Tuberculosis Association, and the Library, which is now a joint undertaking. On the floor above are the Child Health Organization of America, American Public Health Association, National Health Council, American Society for Control of Cancer, and several local health agencies. Through the Common Service Committee, which is a business committee made up of several of the tenants of the two floors, all of our physical needs are taken care of in common and some of our activities are administered as joint enterprises, such as our library and our bookkeeping.

Of still greater importance to us and influence on our future is the team work being brought about by the united efforts of several of the national health agencies through the instrumentality of the National Health Council, and National Child Health Council, in both of which we are members. The common action resulting from the consideration of mutual problems at the council meetings and the harmonizing of opinions and the establishment of general agreement on methods and goals resulting from studies of special committees will go far toward reducing the confusion in the public mind and toward creating a united leadership.

The establishment of headquarters by the American Nurses Association and National League for Nursing Education adjacent to our own is a consummation long desired and of great importance to the nursing world.

Through the Common Activities Committee of the three organizations, which has been described both in the *American Journal of Nursing* and THE PUBLIC HEALTH NURSE we shall be able to develop many of our activities as joint undertakings or in close co-operation. Our Vocational Department for instance, which was recently re-established under Charlotte E. Van Duzor through the aid of your voluntary contributions, is to be conducted in connection with the placement work of the other two organizations and a common file is already being devised for the credentials of all the applicants to any one of the three organizations.

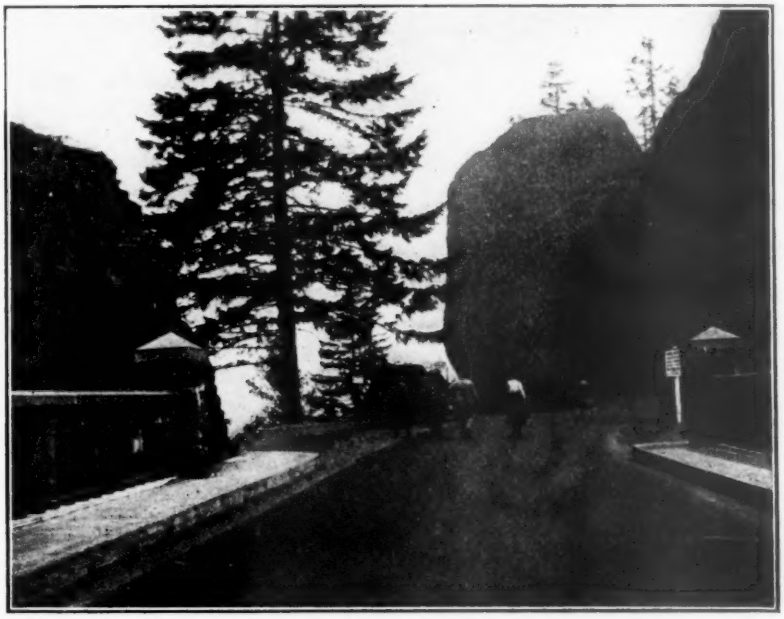
It is a pleasure to announce that the American Public Health Associaton has just created a Section on Public Health Nursing, of which your President has the honor of having been appointed chairman by Dr. McLaughlin, the President of the A. P. H. A. Dr. McLaughlin has chosen Eunice Dyke of Toronto as Secretary. We believe the creation of this section gives us the privilege of joining with other public health workers in the activities of the American Public Health Association and an

opportunity to benefit by and contribute to its deliberations and program. We shall endeavor through this section to promote the relation between public health nurses and all other public health officials and to be helpful to both groups.

One of the most difficult and, in the opinion of the Executive Committee, most constructive of the achievements of the last few months has been the revision of the Constitution and by-laws. The proposed new draft has already been placed before you in THE PUBLIC HEALTH NURSE and will be brought up for your consideration and action in the course of the regular order of business. The Committee on Revision had two outstanding objects in mind, one to provide a larger suffrage to our lay members and the other, to provide for the representation and organic connection of state public health nursing associations with the National Organization for Public Health Nursing. Your Board of Directors are convinced that both provisions are democratic, sound and necessary to the best interests of public health nursing. The reasons and arguments in support of them have already been presented in the magazine and do not need recapitulation here, since they will doubtless be rehearsed by the chairman of the Revision Committee, Katherine Tucker, when the proposed new constitution and by-laws come up for action. If the new constitution and by-laws as presented by the Revision Committee are adopted, we believe the National Organization for Public Health Nursing will have taken a long step forward.

In closing, may your President take the opportunity to express the gratitude of the Board of Directors for the unwavering faith and splendid support of our membership throughout these two difficult years. It is largely due to you that we have come through so successfully. We, all of us, have every reason to be thankful that our Organization, which means so much to us, is in such an excellent condition today.

THE LIGHTER SIDE OF THE CONVENTION



The Columbia Highway is a wonderful piece of engineering.

REPORT FOR THE TREASURER

A. M. WHITE, Treasurer

SINCE the Fiscal Year for the Organization coincides with the Calendar Year, the Financial Report was read in two sections, one, the Auditor's Report for the year 1921 (the one for 1920 having been previously reported) and the other the Financial Statement for the first five months of 1922. Because Auditor's Reports are complicated and hard to understand, the whole report, which has been accepted by the Board of Directors, was not read, but simply the Auditor's Statement of Income, Expense, Assets and Liabilities as of December 31, 1921, and then these same items for the first five months of 1922.

ASSETS	Dec. 31 1921	May 31 1922
Cash, New York and Cleveland Offices	$17,964.28*	$18,510.22*
Accounts Receivable, New York and Cleveland Offices	381.38	2,307.53
Inventory (Literature, Pins, Reprints)	1,757.58	1,450.14
Film Negative and Prints	3,080.00	3,645.08
Furniture and Equipment, New York and Cleveland	2,275.88	2,379.88
Total	$25,459.12	$28,292.85
LIABILITIES		
Accounts Payable	765.26	1,989.72
NET ASSET VALUE	$24,693.86	$26,303.13

	Dec. 31 1921	May 31 1922
*Cash in New York Office—		
General Fund	$2,115.59	$ 792.27
Emergency Fund	500.00	1,500.00
Scholarship Fund	5,375.00†	.....
Convention Fund	.....	2,485.00
Educational Fund	5,000.00	8,293.88
Vocational Fund	2,969.96	1,470.98
Total—New York Office	$15,960.55	$14,542.13
Cash in Cleveland Office	2,003.73	3,968.09
	17,964.28	$18,510.22

† Reappropriated by Donor to General Fund.

REPORT FOR THE TREASURER

Read by ANNE A. STEVENS

INCOME	1921	January–May 1922
Nurse Membership Dues, individual and corporate	$15,104.15	$ 7,878.35
Sustaining Membership Dues, and General Contributions	65,683.45	12,353.00
Sales of Literature, Pins, Reprints	2,794.84	54.83
Rental of Films	171.36	17.50
Magazine, Direct Subscriptions	3,766.36	1,454.15
Sale of Individual Copies of Magazine	.....	17.81
Advertisements in Magazine	4,853.58	1,965.48
Royalties on Record Forms	338.00	128.14
Interest	339.09	129.75
Refunds on Expenditures	4,212.30	214.68
Refunds Creditable, 1921	.....	21.25
Profit from Sale of Chicago Office Furniture	64.82	.....
Convention Fund (Donation from Mrs. Bolton for Special Convention Expenses)	.....	2,500.00
Vocational Fund	3,410.43	214.00
Educational Fund—For Work of 1922	5,000.00	5,000.00 (2nd installment
Total	$105,738.38	$31,948.94

EXPENSE		
New York Office—		
Administration	$15,457.38	$ 5,779.96
Membership and Publicity	9,603.87	3,756.74
Education	2,497.48	1,706.12
Vocational	622.86	1,712.98
Library	5,992.74	2,452.62
Eligibility	7,014.31	2,517.70
Associate Director—Magazine Work	.....	733.44
Field Service	.....	1,609.89
Scholarship	.....	300.00
Convention Fund	.....	15.00
Fiscal Year, 1921	.....	22.89
Cost of Literature, Pins and Films sold	2,174.13	.....
Membership Campaign	8,287.04	.....
Membership Dues in Other Organizations	1,102.18	.....
Depreciation on Negative and Film Prints	562.24	.....
Uncollectable Accounts Receivable	24.49	.....
Film Maintenance	85.28	.....
Total—New York Office	$53,424.00	$20,607.34
Cleveland Office Expense	$28,067.72	$ 9,732.33
Chicago Office Expense	611.21	.....
Total General Fund Expenses	$82,102.93	$30,339.67

REPORT OF THE GENERAL DIRECTOR

By ANNE A. STEVENS

MY official connection with your Organization is so recent that my report must of necessity cover a short period of the Organization's activities.

Since January 1922, three members have been added to the staff, Miss Gertrude Hodgman as Educational Secretary, Miss Charlotte Van Duzor as Vocational Secretary, and Miss Deborah Glover, as Office Manager.

Miss Hodgman's appointment was made possible by a gift from the American Red Cross to carry on the work of the Committee on Education and a report of her work will be given in the report from that Committee.

Miss Van Duzor's appointment was made possible by special contributions from our nurse members to re-establish the placement work which we discontinued last year for lack of funds. Miss Van Duzor has made much progress in this short time in developing the work of her department and some of the problems on which we in the office want your advice will be presented to you at the round table to discuss Vocational questions on Wednesday.

Miss Glover's appointment was made because, with the development of the work of our departments and the increase in our files, it became necessary from the standpoint of economy and efficiency of administration, to pool our clerical and filing staff under the direction of one person. Miss Glover's efficient re-organization and direction of that work, although still in the process of development, make it possible for the rest of us to do our work with the least possible responsibility for the necessary office detail, without which our work would be needlessly laborious and handicapped.

Miss Frances Brink, the Field Secretary, who came on duty last fall, has made two field trips, one to Louisville in response to a request for the National Organization to participate in a Public Health Institute and one beginning in Mississippi and extending through Arkansas, Oklahoma, Texas, New Mexico, Arizona and Colorado. These trips are planned with the following purpose in mind: first, to learn by actual contact with the work in the field, the developments of public health nursing. Thus we have an appreciation of the problems with which the nurses are faced and their methods of solving them, and are better prepared to give helpful advice to those nurses and communities who appeal to us. Second, to make available to nurses in the field the service of our Field Secretary, who is continually gathering information about problems and their solutions and therefore becoming a living clearing house of information and ideas.

Following the establishment of our office in the Pennsylvania Terminal Building with so many other health agencies, our Library Department has become part of the Library of the Common Service Committee, as have the libraries of the American Social Hygiene Association, National Tuberculosis Association, and National Committee for Mental Hygiene. Our material resources available for consultation have been increased thereby, from 206 to 5000 books, from 4000 to 25,000 pamphlets and from 20 to 200 current magazines. Miss Florence Bradley, our Librarian, has been relieved of routine work and definitely assigned to the work of developing extension libraries. These, you know, are library centers in the various states from which nurses and other workers and community members can get the invaluable help which a health library near at hand and therefore familiar with the local conditions, affords. One of the other librarians has been definitely assigned to the preparation of bibliographies and book lists on subjects of interest to health workers. Because of our

close connection with the other health agencies, these lists are prepared only after consultation with the national experts in the various fields and so are made excellent guides for the wisest use by our individual members, of the available literature on these subjects. Our package library service continues, whereby pamphlets and reprints are loaned directly from our library to nurses in those fields where local library centers are not yet established. The increased use of the library has demonstrated its increased efficiency and we hope for still greater use as our members learn more of its value to them.

The work of our Statistical Department continues under the guidance of Miss Y. G. Waters and is still her voluntary service to the cause of public health nursing. Her files of information about the location of Public Health Nurses and what they are doing are still the only ones giving a nation wide picture of public health nursing, and are constantly in demand by many agencies and individuals and are invaluable to the office secretaries. These files were used by Miss Burkhardt, the nurse who helped Dr. Winslow in the preparation of the nursing part of his report on the work of municipal health departments. Miss Waters, among many others, prepared the salary schedules which so many of you have used recently in adjusting your own organization salaries in accordance with national tendencies. Miss Waters has expressed her desire to be released from her work and plans are under consideration by which the statistician of the Common Service Committee will give part time to the direction of this work. Miss Waters is eager to have her files complete before she turns over this work which she has painstakingly carried on for so many years, and has asked me to make an earnest plea for the immediate return of the questionnaires which she sends yearly to every organization employing Public Health Nurses and by which her files are kept up to date. Five thousand five hundred requests for this information have been sent this year and only 2227 replies have been received to date. The report she gave me as I left New York shows—4024 organizations employing 11,764 Public Health Nurses. There are 2768 organizations employing one nurse, 825 employing three nurses, 431 employing over five nurses, of which 33 have staffs of over fifty.

The attention of Miss Anna Behr, our Membership and Publicity Secretary, has been given largely to the preparation of publicity material which has been loaned for state meetings and Public Health Institutes and to the preparation of the exhibit for the Convention which has been planned as a graphic interpretation of the work of our Organization and its members. She is also constantly working on the preparation of the kind of publicity planned to secure renewal of memberships. One indirect value of her work lies in the fact that she continually brings to our staff conferences the point of view of the layman and thereby keeps us, as a staff of nurses, from considering our problems from the viewpoint of the nurse alone; while her enthusiasm is a continuous incentive.

The work of Miss Pearl Braithwaite, Eligibility Secretary, continues to lay emphasis on our efforts to uphold the national standard for the fundamental technical training of nurses by the collection and examination of training school credentials for applicants for membership and by the advice she gives regarding possible ways of supplementing incomplete training. One aim of this department is to have on file in one central place the credentials of all nurses doing public health nursing—not alone for the material thus made available for possible study but for the use of the nurses themselves in connection with their future needs. Credentials are often difficult to collect and once on file in our office are forever made available for the nurse without further reference to her schools or employers. Also, through work with corporate members, Miss Braithwaite

is doing much to interpret the National Organization to local organizations.

Finally, the report of the work of the staff is not complete without a statement of the work which Miss Ada Carr, our Associate Director, does. She is not attached to any one department but she contributes much to the work of each of us by the rare wisdom she brings to our conferences and by the still rarer spirit of helpfulness with which she meets our many demands for her advice. She does the work with the Committee on Education when Miss Hodgman is in the field; she works with Miss Bradley in the selection of Library material and reprints; as Consulting Editor, she makes each month an invaluable contribution to the magazine, and she is my "right hand man" without whom I should fail you many more times than I do.

It is our desire as a staff to render to every member throughout these next two years the best possible service, the service each most wants from the staff at the National Headquarters. We beg you to tell us when we fail and to give us your suggestions and your constructive criticisms all along the way.

Two conspicuous pieces of committee work have been inaugurated since January. I wish to give you the preliminary report of one committee and to report on the progress of the work of the other.*

Last December a request came to the Board of Directors from a large business company which has employed the services of various visiting nurse associations as follows:

"I am suggesting to the National Organization for Public Health Nursing that an impartial and unbiased study be made of the work of visiting nurse associations. This study should be made preferably by an independent committee. The study should cover both the quality and quantity of work done. It should include a careful analysis of disbursements, the ratio of overhead expense to total expenditure, salary, rentals, etc. In particular, the study should be directed toward the type of service given, number of visits per day per nurse, length of time spent in actual nursing and in going from home to home, the amount of time required for office duties, vacations, etc., and the time given to outside activities not directly concerned with bedside care.

If the National Organization for Public Health Nursing is prepared to make such a study, the "X" Company is willing to finance it. I am assuming that the services of a competent investigator will be required and that the study may take approximately six months.

In January the Board of Directors voted to accept this offer and appointed the following Committee to be known as

THE VISITING NURSE ASSOCIATION APPRAISAL STUDY COMMITTEE

Dr. Wm. F. Snow, *Chairman*
Miss Grace Abbott
Mr. Frank J. Bruno
Mr. Bailey B. Burritt
Miss Margaret F. Byington
Mrs. Ernest Amory Codman
Miss Marion G. Crowe
Mrs. Joseph M. Cudahy
Dr. Haven Emerson
Mr. Frederick Fischer, Jr.
Miss Elizabeth G. Fox
Miss Mary S. Gardner
Mrs. Lystra E. Gretter
Miss Anna M. L. Huber
Miss Estelle B. Hunter
Dr. John A. Lapp
Mrs. Clarence Mack
Mr. Wm. J. Norton
Dr. W. S. Rankin
Miss Anne A. Stevens
Miss Agnes G. Talcott
Miss Katharine Tucker
Mr. Adrian Van Sinderen
Dr. William H. Welch
Dr. Ira S. Wile

The Committee represents all parts of the country, and the following groups of workers: health officers, private practitioners, members of boards of directors of visiting nurse associations, nurses, social workers, executives of community chests, members of boards of directors of community chests, accountants, statisticians, business men and general health workers. The Committee has had one meeting and appointed an Executive Committee to study and report on a plan and scope of the work to be undertaken, and the budget necessary therefor.

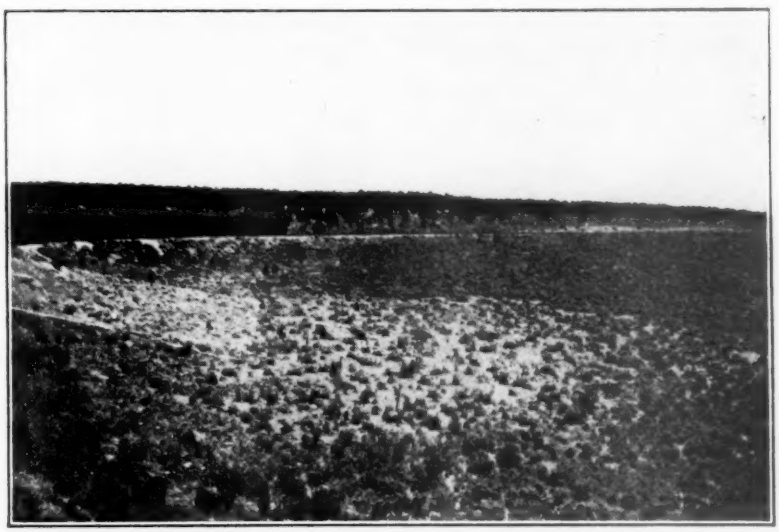
*The General Director read the preliminary report of the Sheppard-Towner Committee. As it has since been printed in the August *Public Health Nurse*, it is not repeated here.

Dr. Welch, in consenting to serve on this Committee, expressed what many of us feel about the importance of the work of the Committee. He wrote "Such a study is a national need, and should furnish information and recommendations of the greatest economic, sanitary and humanitarian importance."

Dr. Snow, the Chairman of this Committee, is attending our Convention primarily for the purpose of discussing with those of you who represent or are interested in, the work of visiting nurse associations, the plan and scope of the work to be undertaken by the Committee. No final decisions have been made and no work commenced, because the Committee wished to use this opportunity to have your participation in its deliberations.

Although I was instructed by our President to report to you on the work of the staff and committees, I cannot refrain from telling you the impression which your Board and Executive Committee "in action" has made upon me since I have come into close working relation with them. As a member of the Organization I have for years thought of them with admiration and respect but I had no conception of what they really did, nor how they did it. Are you aware that about every two months the Executive Committee is in session all day, for from one to three days, working on the affairs of this Organization? Each question that is presented for their decision is weighed even to the minutest detail from the standpoint of what you as members of the Organization wish in relation to the bearing that decision may have upon the development of public health nursing as a community service. No question at the Peace Conference, not even Article X, received more thoughtful, serious discussion than does every question decided by your Board and Executive Committee. I wish you might see them at work, but since that is not practicable, I have told you *how* they work, with the hope that even in this inadequate way, I may pass on to each of you some of the confidence and inspiration that working with them has been to me.

THE LIGHTER SIDE OF THE CONVENTION



The desert has a charm all its own—but we were glad not to have been stranded there indefinitely, as were some later travelers.

RESOLUTIONS

ADOPTED AT THE BUSINESS MEETING OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING HELD IN SEATTLE, WASHINGTON, JULY 1, 1922

GENERAL RESOLUTIONS

I.

Whereas, Mary S. Gardner has rendered signal and conspicuous service in the field of nursing and in particular for the advancement of Public Health Nursing,

Be it Resolved that she be named an Honorary President of this Organization.

II.

Whereas, the past two years have been a period of financial stress for all national organizations,

Whereas, the Board of Directors of the National Organization for Public Health Nursing has carried an especially heavy burden of responsibility and has maintained a steadily progressive policy and faith in our ideals,

Whereas, we now occupy an honored place in the National Health Council,

Be it Resolved that we, the members of this Organization assembled for the 1922 national convention, do hereby express our confidence in that Board and gratitude for the services of its members.

III.

Whereas, in the past years of our development the major share of our financial support has come from a few large contributors,

Whereas, we believe a more widespread understanding of our ideals and policies is necessary, and

Whereas, this can only be secured through a more general participation in all our activities, including the financial support,

Be it Resolved that we, the nurse members, express to our Committee on Finance a desire to take a larger share in this support, and recommend that:

1. Our present dues be maintained;

2. Each nurse member be requested to secure one annual ten-dollar contribution and, in addition, be given opportunity to make such personal contribution as her income warrants.

IV.

Whereas, Public Health Nursing Organizations appreciate the need for criteria by which they may evaluate their services,

Be it Resolved that we, the members of the National Organization for Public Health Nursing, endorse the action of our Board of Directors in appointing a committee (the Visiting Nurse Association Appraisal Study Committee) to conduct a study for the purpose of determining such criteria.

V.

Whereas, we feel that we voice the sentiment of each member attending this Convention,

Be it Resolved that we, the members of the National Organization for Public Health Nursing, endorse all the resolutions of thanks which have been passed by the American Nurses' Association and the National League of Nursing Education, adding our individual and united appreciation.

VI.

Whereas, throughout the discussions at this convention especial emphasis has been placed upon the need of education toward positive health,

Be it Resolved that we, the members of the National Organization for Public Health Nursing, heartily endorse the educational activities toward this end of Federal, State and Municipal Health Agencies.

VII.

Whereas, Army nurses have been granted rank,

Be it Resolved that we, the members of the National Organization for Public Health Nursing, heartily endorse the proposed legislation granting rank to Navy nurses.

VIII.

Whereas, we the three national organizations of American nurses, consider that all nurses appreciate the loyal support of the nurses' section of the McKenzie Pay Bill by Senator Wadsworth,

Be it Resolved that these organizations convey to Senator Wadsworth, at the close of the Joint National Conference, a message of sincere appreciation for his loyalty and support of the Nursing Profession.

RESOLUTIONS PRESENTED BY SECTIONS WITH AMENDMENTS AS ENDORSED BY THE MEMBERSHIP OF THE ORGANIZATION

I. Industrial Section

1. *Whereas*, the recent financial depression felt throughout the country has resulted in a reduction of the number of physicians and nurses engaged in medical work in industry,

Be it Resolved that this condition should not be allowed to result in a lowering of standards in industrial health work, because progress demands a continued emphasis on standardization in organization, in equipment, and in professional education of the entire staff.

II. School Section

1. *Whereas*, leadership is necessary to assure adherence to a uniform standard of work by several workers,

Be it Resolved that where three or more nurses are employed by a School or Health Board, the Board employing these nurses should be urged to appoint a nurse supervisor qualified by her education, public health nursing experience and personality.

2. *Whereas*, many graduates of our courses in public health nursing have felt inadequately prepared to meeet the problems of school nursing,

Be it Resolved that a request be sent to the directors of courses in public health nursing asking that whenever possible actual experience in school nursing as well as observation be included in the field experience of the student.

Be it further Resolved that a request be sent to the directors of courses in public health nursing that where there is available a competent school nurse with teaching ability, she be included on the teaching staff.

III. Tuberculosis Section

1. *Whereas*, information presented to this section would indicate that in sanatoria for the treatment of tuberculosis, graduate and student nurses from schools for nurses connected with general hospitals are found as patients in larger numbers than should be expected, and

Whereas, it is generally understood that nurses in training frequently develop tuberculosis,

Be it Resolved that the Tuberculosis Section of the National Organization for Public Health Nursing assembled in Convention in Seattle, 1922, recommends a survey by states of the incidence of tuberculosis among nurses, and a report at the next biennial meeting of the National Organization for Public Health Nursing.

Be it further Resolved that specific information gathered in the course of this survey be immediately brought to the attention of those responsible for the administration of schools of nursing.

IV. Child Welfare Section

1. *Whereas*, there is a distinct realization that nurses do not have sufficient training in the normal development of the child,

Whereas, we fully appreciate that although Superintendents of Schools and Nursing have given consideration to this subject, Public Health Nurses engaged in Child Welfare work find themselves handicapped by a definite lack of understanding of the growth of the normal child.

Be it Resolved that we urge the Board of Directors of the National Organization for Public Health Nursing to request representation of the Child Welfare Section on the Educational Committee of the National League of Nursing Education.

V. Round Table on Records

Whereas, the phraseology used in Public Health Nursing records is varied and confusing,

Be it Resolved that the President of the National Organization for Public Health Nursing be authorized to appoint a small committee to define certain record phraseology and terminology, and to make a printed report that will be available for all public health nurses.

A REAL COURTESY

Even the taxi drivers are hospitable in Seattle! The President of each of the three national nursing organizations was given carte blanche to drive anywhere at any time in a taxi free of charge. Those who negotiated Seattle's hills on foot will appreciate the value of such courtesy; and certainly the over-busy presidents, ever hurrying from meeting to meeting, must have found it a real boon.

REPORT OF BUSINESS OF THE CONVENTION

By ANNE A. STEVENS

EVEN in a business report of this Convention it is impossible not to express appreciation of the hospitality of the people of Seattle, of the unusual efficiency of the local arrangements committee and of the skill of the program monitors; for each contributed to the success of the business of the Convention.

In spite of the seriousness of the discussion of our present and future financial policy, the President's and Treasurer's reports of accomplishment in the face of the difficulties of the last two years gave us each a new sense of the thrill of being a part of the national movement for better health. We came away with fresh inspiration to return to our individual work with renewed purpose to put our best into that work and make it a greater contribution to the whole movement. That purpose met successfully its first test when we voted to increase our responsibility and, in addition to our dues, to contribute as our incomes warrant, a larger share of the money necessary to carry on our activities, and to enthuse at least one person to make a contribution to the work of the Organization.

The reports from standing committees showed how much is contributed in the way of thought and effort by the committee members. Although the work of the Committee on Education (Miss Anne Strong, Chairman), was interrupted for lack of funds, a statement of "minimum requirements" for the conduct of a course in public health nursing as approved by the committee has been prepared and is printed elsewhere in this issue of the magazine.

A new bulletin on the scope, preparation and opportunities of public health nursing has been prepared and printed with an insert giving a list of the courses in public health nursing for graduate nurses recommended as meeting certain minimum requirements in regard to technical and practical instruction. Closer contact with the Committee on Education of the National League of Nursing Education is planned for by each committee having a representative on the other and by a vote that the committee jointly approach one of the Foundations for the support of their work for the next three years.

At the request of Dr. Haven Emerson, the secretary was loaned to assist in an investigation of public health administration in Buffalo. The secretary has been visiting courses since April and the committee plans to have her visit all courses as rapidly as possible and later to study the public health nursing courses given to under-graduates, so as to advise and assist in the development of these courses.

The work of the Publications Committee (Miss Annie Brainard, Chairman), is ever before us in the monthly appearance of THE PUBLIC HEALTH NURSE. The report showed a reduction in the cost of printing, greater returns from advertisements and the co-operation of nurses everywhere in keeping up the supply of articles for publication. Special mention was made of the important articles on Records and Statistics by Dr. Dublin and Professor Falk. These articles constitute a real text on these subjects and the only one adapted to the needs of Public Health Nurses.

The Committee on Records (Miss Charlotte Van Duzor, Chairman), reported work on the study and preparation of a school nurse's record and preparation of subjects for discussion at a Round Table, so as to get suggestions for the work of this committee for the next two years.

The Committee on Visiting Nursing (Miss Cecelia Evans, Chairman), has gathered information on most of the problems and moot questions met in the administration of visiting

nursing. This information is tabulated and will be mimeographed and available from the New York office. The study of this material will suggest further work for this committee.

The Committee on General Community Health and Sanitation (Miss Ann Doyle, Chairman), also reported the collection of information which will contribute much to our knowledge when it can be further studied and tabulated The committee recommended securing a special fund to finance this.

The Committee on Eligibility (Mrs. Wm. H. Ketchum, Chairman), is so constantly at work with the Eligibility Secretary that one need only look at the statement of her work to learn how tremendous are the demands on that committee.

Truly these committee reports added further inspiration as we realized what has been given to the general cause of public health nursing over and above what these committee members contributed to their individual field.

The reports of the work of special committees represented no less individual thought and effort.

The report of the Revisions Committee (Miss Katharine Tucker, Chairman), has been mentioned elsewhere. It will be tried and tested as we live with those new By-Laws, as will the work of the Committee on State Organizations as we develop our branches. At least we showed our appreciation of the work of the committee, for only two slight changes in phraseology were made in the Constitution and By-Laws as presented.

The preliminary report of the Sheppard-Towner Committee with the report of one of its sub-committees (Miss Harriet Leete, Chairman), is only the beginning of its work; while the report of the progress in the work of the Visiting Nurse Appraisal Study Committee (Dr. William F. Snow, Chairman), and its personnel is conclusive evidence of the interest of our co-workers in the public health field, and their desire to help us with our problems.

The report of the Nominating Committee (Miss Abbie Roberts, Chairman), was both discouraging and encouraging — discouraging in that it noted how few members responded to the "Pleas for Help" which the committee made through the magazine because its task was such a great responsibility, but encouraging in the splendid nominations made for every office.

The report of the Committee on Resolutions indicates perhaps more than any other one thing the general trend of the thought of the meetings. The first two resolutions were adopted by a unanimous rising vote.

The meetings of the sections and the reports of their work were another source of inspiration. Nothing but attendance at the meetings could give an adequate idea of the spirit and purpose of the members.

The reports of the chairmen, on the work of the Sections and the reports of the Convention meetings follow:

REPORT OF THE SCHOOL NURSING SECTION

The Chairman of the School Nursing Section presented the following questions for discussion:

Adequate supervision for school nurses.

Adequate preparation for school nursing in the Courses in Public Health Nursing.

Since neither the Chairman nor the Vice-Chairman were present Miss Fox presided at the School Nursing Section. The following officers were elected:

Chairman: Miss Alice E. Dalbey, Supervisor of School Nurses, Springfield, Ill.

Vice-Chairman: Miss Cora T. Helgeson, Supervisor of School Nurses, Minneapolis, Minn.

Lay Director: Mrs. Harriet Ballard, Hygiene Instructor, School of Education, Cleveland, Ohio.

Nurse Directors:

Mrs. Bertha Mascot, Supervisor of School Nurses, Department of Education, Albany, N. Y.

Miss Mary J. Heitman, Supervisor of School Nurses for Teaching Center, 2338 South Broadway, St. Louis, Mo.

A Resolutions Committee was appointed.

The questions presented by the Chairman were discussed and the conclusions, in the form of resolutions, were presented to the Resolutions Committee of the National Organization for Public Health Nursing.

Two other questions were discussed:—

Should the school nurse be present with the physician when physical examinations are made?

Are we to be teachers or nurses?

Those present were almost unanimous in their feeling that it was very essential for the nurse to be present when physical examinations were made, inasmuch as it kept her in closer touch with the child and his physical condition and helped very materially in her follow-up work.

The second question was discussed quite at length but nothing definite decided. However, the consensus of opinion seemed to be in favor of considering the school nurse first a nurse but ready to help the teacher in whatever way she could until the teachers' training courses gave adequate preparation in the subject matter for teaching of health habits and hygiene.

REPORT OF THE CHILD WELFARE SECTION FROM APRIL 9TH, 1920, TO JUNE 26, 1922

I. Summary of the April 1920 meeting in Atlanta:

(*a*) A report on the preliminary steps taken in the formation of the Section was made by Miss Zoe LaForge (This report was read by the Secretary).

(*b*) Under the direction of Mrs. Emma Fox the By-Laws were made, and accepted by the Section.

(*c*) The following papers were read:

1. Standardization of Records: Miss Estelle Hunter.
2. Fresh Air Schools for Tuberculosis Children: Miss Edgecombe, Providence.
3. The Organization of Nutrition Classes for Pre-School Children: Miss Anna R. McCawley.

Interesting discussions followed the reading of each paper.

II. The National Organization for Public Health Nursing adopted resolutions on child welfare, which indicated:

(*a*) That in order to give the pre-school child his best opportunity for health development, nutritional clinics and classes must be an integral part of every child welfare program.

(*b*) That as malnutrition is frequently due to physical defects determinable by a complete physical examination, all children admitted to nutritional classes should first receive such examinations.

(*c*) That home control is of utmost value, therefore follow-up care should be given under the supervision of a public health nurse, augmented by the services of a dietitian.

(*d*) That in following out all of the recommendations made by the Child Welfare Section, organizations and personnel already in the field be made use of to the fullest extent.

(*e*) That all child welfare agencies strive to so organize their work and plan their records that the work of the school health officer could be made more effective by receiving from them a complete record of the child's health history and care.

(*f*) That a small committee be appointed by the president of the National Organization for Public Health Nursing to standardize certain record phraseology and to make a printed report that should be available for all public health nurses.

III. The Chairman of the Section was authorized by the Section to appoint:

1. A Committee to study teaching methods and equipment for use in work with the pre-school child.
2. A Committee to standardize the terms which should appear on records of work with the pre-school child with a view toward suggesting a record which could accompany the child to school and give the school health officer an accurate picture of that child from the prenatal period to school age.

IV. The following Directors and officers were elected:

Directors of Child Welfare Section

Lay Directors

For 1 year: Mrs. J. K. Codding, Lansing, Kansas.
For 2 years: Miss Mary L. Railey, New Orleans, La.
For 3 years: Mrs. J. H. Lowman, Cleveland, Ohio.

Nurse Directors

For 1 year: Miss Winifred Fitzpatrick, Providence, R. I.
For 2 years: Miss Harriet L. Leete, Baltimore, Md.
For 3 years: Miss Sara B. Place, Chicago, Ill.
For 3 years: Miss Zoe LaForge, Washington, D. C.

Officers

Chairman: Miss Winifred Rand, Boston, Mass.
Vice-Chairman: Miss Anne A. Stevens, New York City.

V. Miss Winifred Rand, who was elected as Chairman of the Section, was unable to serve. Miss Anne A. Stevens, Vice-Chairman, automatically became Chairman.

VI. Miss Stevens called a meeting of a few members of the Section together in New York, May 20th, 1920. The members present were: Miss Anne Sutherland, Miss Geister, Miss Corbin, Miss Stevens and Miss Leete.

Miss Stevens appointed Miss Leete Secretary to the Committee.

After discussion the following committees were appointed:

(*a*) Committee on Teaching Methods and Equipment for Work with the Pre-School Child:

Miss Anne Sutherland (Chairman)
Miss Eunice H. Dyke
Miss Edith Sibyl Bryan
*Miss Sophie M. Nelson
Miss Marie T. Phelan

*Miss Nelson resigned for overseas service, and Miss Elmira W. Bears was appointed to the Committee.

(*b*) Committee on Records for Work with the Pre-School Child:

Miss Sara B. Place (Chairman).
Dr. Grover T. Power (Representative from A. C. H. A. Record Committee).
Miss Estelle B. Hunter.
Mrs. Jean T. Dillon.
Miss Jane C. Allen.

Miss Hunter was unable to serve.

Miss Place resigned when she was made Chairman of the Nursing Section of the American Child Hygiene Association.

Miss Helen F. Boyd was appointed as Chairman of the Committee.

VII. A notice of the formation of the Child Welfare Section and the requirements for membership was sent to the PUBLIC HEALTH NURSE, *The American Journal of Nursing* and the *Mother and Child.* One hundred and sixteen (116) nurses enrolled as members of the Child Welfare Section.

VIII. Miss Hazel Wedgewood was appointed by Miss Stevens as Chairman of the Committee, which was requested by Miss Foley to draw up a standard of:

1st: Qualifications for a child welfare nurse.
2nd: Recognition of such qualifications by her employers, communities, agencies or what not, in the way of salary, licenses, authority and responsibility.

IX. A joint meeting of the Child Welfare Section of the National Organization for Public Health Nursing and the Nursing Section of the American Child Hygiene Association was held in New Haven at the Annual Meeting of the American Child Hygiene Association, November 5, 1921. Two hundred and thirty (230) nurses registered at the New Haven Meeting. Two papers were presented and discussed:

(*a*) Volunteer Workers in a Pre-School Age Service: Miss Isabelle Boyce, Grand Rapids, Mich.

Discussion opened by Miss Elmira W. Bears, R. N., Louisville, Ky., and Mrs. E. A. Codman, Boston, Mass.

(*b*) Teaching Methods and Equipment in Health Program for the Child Under Six: Miss Anne Sutherland, R. N. Read by Miss Clara R. Price, R. N.

Discussion opened by Miss Winifred Rand, R. N., and Mrs. Jean T. Dillon, R. N.

(*c*) A Round Table on Records was conducted with Miss Anne A. Stevens presiding.

A carefully thought out paper was read by Miss Helen F. Boyd, R. N., and an interesting discussion followed.

X. Through a misunderstanding the regular meeting of the Child Welfare Section of the National Organization for Public Health was not called. It was, therefore, decided that the two directors who were elected in Atlanta to serve for only one year would hold over until the next business meeting of the Section which will be held in Seattle.

XI. When Miss Stevens accepted the directorship of the National Organization for Public Health Nursing, she resigned as Chairman of the Child Welfare Section and the secretary was asked to serve temporarily as chairman. On March 17th, 1922, Miss Winifred Fitzpatrick was asked to serve as chairman of the Section.

REPORT OF THE CHILD WELFARE SECTION JUNE 27, 1922.

The first biennial meeting of the Child Welfare Section of the National Organization for Public Health Nursing was called to order by the Acting Chairman, Miss Winifred Fitzpatrick, at eight a.m., June 27, 1922, in Seattle, Washington.

A report of the activities of the Section from June 9, 1920 to June 27, 1922, was read by the Acting Chairman.

Tellers were appointed by the Chair.

A Resolution Committee was appointed by the Chair.

Three comprehensive papers were presented:

1. Maternal Welfare:
Miss Louise Zabriski, Maternity Center Association, New York City.

A most interesting discussion was opened by Miss Anne Stevens, who emphasized the need for a complete maternal welfare program which would include prenatal, safe delivery and postnatal care.

2. The Report and Recommendations of the Committee on Qualifications for Child Welfare Nurses, and the recognition they should receive from employers and the public, written by Miss Hazel Wedgwood, chairman, was read by the secretary. The discussion was opened by Miss Hodgman.

The third paper on the program—The Pre-School Child—was presented by Miss Cecil L. Schreyer. The discussion was opened by Miss Hartley.

As the time was too limited to admit of further discussion of the recommendations of the Committee on Qualifications, copies of the recommendations were distributed and the members were requested to make criticisms and suggestions to Miss Hazel Wedgwood, 532 Seventeenth Street, N. W., Washington, D. C., as a subsequent report will be given at the annual meeting of the Nursing Section of the American Child Hygiene Association which will be held in Washington, October 12, 13, 14.

The report of the tellers was as follows:

For Chairman: Miss Winifred Rand, R. N., Director, Baby Hygiene Association, Boston, Mass.

For Vice-Chairman: Miss Abbie Gilbert, R.N, Supervisor Child Welfare, Visiting Nurse Association, New Haven, Conn.

Nurse Director for 2 years: Miss Marie Lockwood, R. N., State Department of Health, Wilmington, Del.

Nurse Director for 3 years: Miss Harriet L. Leete, R. N., 532 Seventeenth Street, N.W., Washington, D. C.

Lay Director for 2 years: Mr. Richard M. Bradley, Child Welfare Director, Thomas Thompson Trust Co.

Lay Director for 3 years: Dr. Anna Rude, Director Bureau of Child Hygiene, Federal Children's Bureau, Washington, D. C.

Wednesday morning, June 28, at eight a.m., a round table on diets for the pre-school child was conducted, Miss Fitzpatrick presiding. Miss Koehne, Assistant Professor of Nutrition, University of Washington, discussed in an informal manner nutritional problems of interest to nurses. There were about 115 nurses present.

A business meeting of the Child Welfare Section was held July 1st at 8 a.m., Miss Fitzpatrick presiding. The secretary's report was read and approved.

Resolutions were read, adopted and referred to the Resolutions Committee of the National Organization for Public Health Nursing:

Following the business meeting, Miss Peck, Minneapolis Infant Welfare Association, presented the maternity work of the Minneapolis Infant Welfare Association.

An informal discussion was held (1st) on maternity service, and (2nd) on general child welfare activities.

CHAIRMAN'S REPORT, INDUSTRIAL SECTION

The Industrial Section of the National Organization for Public Health Nursing was organized at the last Biennial Convention of the National Organization for Public Health Nursing at Atlanta, Georgia.

The planning for its organization and the work for the same had all been done by Miss Florence Swift Wright, who was elected its first Chairman. In making plans for the work of the Section, we felt it best to ascertain the ideas of the board of directors; therefore, under Miss Wright's direction, a letter was sent

out to each member of the board of directors asking what she thought the most important work for the Section to do. From these suggestions a questionnaire was compiled and sent to each director, asking her to mark the suggestions in order of importance. These were again compiled with the idea of assigning one special suggestion to each member of the board to develop.

This plan was interrupted by the sudden death of Miss Florence Swift Wright; a blow from which it was difficult to recover, for in the loss of Miss Wright the Section lost its inspiration. She had been untiring in her efforts for the interests of Industrial Nursing and for the standardization of its practice.

I automatically succeeded Miss Wright but, while I had done the detail work on the questionnaire, I had not the final interview with Miss Wright which would have crystalized her whole idea. Therefore, of necessity it took me some time to pick up the threads.

Closely following Miss Wright's death was the unusual industrial depression. Plants all over the country were either closed, closing or running part time. Retrenchment was the order of the day. Nurses were laid off where more than one nurse was employed and the opportunities for development were curtailed, in many cases whole departments were wiped out. "Do only what is absolutely necessary" was the general cry. In the face of these conditions it seemed wiser to lie low and to appear as little in evidence as possible; wiser to await developments until a more opportune moment to push forward. It seemed unwise to try to install nurses or develop industrial nursing in plants where curtailment was the order of the day.

The membership in Industrial Nurses Clubs has, in many cases, been cut in half; while in some others it has been increased.

We have tried to develop the idea of Industrial Nurses Clubs and to urge Industrial Nurses to keep in close touch with each other.

The New England and the Cleveland Clubs are the oldest and most live organizations of this kind, both having been in existence prior to the Atlanta Convention. The New York Club (the club with which I am most familiar), is an outgrowth of the Atlanta Convention and is a most live organization. Many other clubs have been established all over the country, as the Industrial Nurse feels the need of the experience of other Industrial Nurses, and this seems to be the obvious way to obtain it. However, she must not forget that she also needs the broadening influence of contact with other lines of public health work.

I would urge you all to become members of the National Organization for Public Health Nursing, the body that represents all the public health branches; you need it, and it needs you.

Judging by the past, and looking to the future, I feel that there are a few important outstanding facts or needs.

1. Opportunity for Preparation for the Field of Industrial Nursing.

In all other branches of public health nursing it is possible to obtain some preliminary training, but the Industrial Nurse enters her field of work without any opportunity to obtain training other than by observation and perhaps a few scattered lectures.

This field seems to require more individual initiative on the part of the nurse and therefore she should be prepared. She has three angles to her problem: she must educate herself, her employer and the employes.

I have found no place where a nurse can prepare herself for this field. A course of lectures has been given on industrial subjects in New York City under the direction of Mrs. Kefauver, Assistant Supervisor of Industrial Hygiene, New York Board of Health, which, I understand, has been most helpful.

It would seem to be the work of the Industrial Nurses Club to develop some means of preparation.

2. The Standardization of the Principles of Industrial Nursing.

By this I do not mean the making of hampering rules and regulations, but the establishment of governing principles by means of which the nurse can steer her course.

3. The Making of this Department an Integral Part of the Industry.

I mean not a front porch that can be torn down at will but an essential part of the

industry, necessary to production. I feel that when we can actually prove that Industrial Nursing increases production, we will establish it on a firm foundation that no industrial depression can shake.

I have prepared for you a file containing what record cards I have been able to collect. They may help you to work out your own system.

I have also posted a list of Industrial Nurses, as complete an one as I have been able to obtain, although I realize it is far from complete. I would appreciate it if any one whose name does not appear would add it to the list.

I would also like to say here that all Industrial Nurses should be members of the National Organization for Public Health Nursing.

I have also prepared a list of the different subjects that have been covered by some of the Industrial Nurses Clubs during the past winter. These may be helpful to other clubs in making up their programs.

In the responses received from the members of the board of directors, I note two things:

In Cleveland, Ohio, a course of lectures was given to the Industrial Nurses Club by the Department of Sociology of Western Reserve University, which has co-operated with the Visiting Nurse Association for some time in a course of training for public health work.

In Rhode Island, where the mills are considerably scattered, there has been successful co-operation between the Visiting Nurse Association and the mill.

This same plan has been carried out in small plants in New York City. Also the visiting nurse association has been used by some plants for home visiting.

In closing I want to leave with you for the next two years the following points:

Education and training for the Industrial Nurse.

Development of the Industrial Nurses Club and the full use of its opportunities.

The conscious effort of each nurse in industry to prove that her department increases production; and an effort to find some measure of its efficiency.

I close with a firm belief in the ultimate success of Industrial Nursing.

I congratulate the incoming Chairman, and wish her every success, and hope that the industrial depression will be lifted in the next few months and we can again put our shoulders to the wheel and push. It is a large and fertile field and well worth the effort.

Claribel G. Hill,
Chairman Industrial Section

REPORT OF THE INDUSTRIAL SECTION

In the absence of the Chairman of the Industrial Section, Miss Alice Bagley presided.

The report of the Chairman of the Industrial Committee was read and accepted as read.

The report of the Nominating Committee was read and approved as read, and was supplemented by nominations from the floor.

Tellers were appointed by the Chairman.

The following were elected as officers:

Chairman: Mrs. Brockway.
Vice-Chairman: Miss Evelyn Coolidge.
Nurse Director to serve 3 years: Miss Hendrickson.
Nurse Director to serve 1 year: Miss Ann Washburn.
Lay Director to serve 3 years: Dr. J. E. Cutler.
Lay Director to serve 1 year: Mrs. Austin Levy.

A paper was read by Dr. Robert T. Legge, of the University of California: "Has the Industrial Depression Shown Up any Weak Points in the Work of the Doctor or Nurse in Industry?" General discussion followed.

A paper was presented by Miss M. Boyd on "The Education of the Industrial Nurse" and was followed by a discussion by Miss Babcock.

It was suggested by Miss Crowe that new ideas in individual fields be broadcasted through the medium of the nursing magazines so that all may derive benefit from the experiences of others.

A paper was presented by Miss Boyd on "The Necessity for More Local Clubs."

The resolutions were referred to the Resolution Committee of the National Organization for Public Health Nursing.

Two round tables for Industrial Nurses were held. The following subjects were some of those discussed:

The Industrial Nurse as a Teacher:
In the Clinic.
In the Factory.
In the Home.
Of students taking courses in Public Health Nursing.

Classes and Miscellaneous Health Talks.
Articles in Bulletins.
Industrial Nurses Dispensing Drugs.
Records.

REPORT OF THE TUBERCULOSIS SECTION, JUNE, 1922

The Tuberculosis Committee of the National Organization for Public Health Nursing met at Atlantic City, June 16, 1919, in connection with the National Tuberculosis Association Convention, for the purpose of forming a Nurses Section within the National Tuberculosis Association. The following states were represented: Alabama, Connecticut, Delaware, Indiana, Iowa, Maine, Maryland, Massachusetts, New Jersey, New York, Rhode Island and Washington. A special business meeting was held and the following officers elected: Chairman, Miss Bernice W. Billings, executive secretary of the Oneida County Tuberculosis Association of New York, and Secretary, Miss Emma L. Allen, superintendent of clinic nurses of Hudson County, New Jersey. At this meeting it was voted that the Tuberculosis Committee be changed to the Tuberculosis Section of the National Organization for Public Health Nursing. Miss Billings, Miss Allen, Miss Mary Carter Nelson and other members of this Nursing Section agreed to try to organize the Tuberculosis Section within the National Organization for Public Health Nursing. This group also secured a promise from Dr. Charles Hatfield, Secretary of the National Tuberculosis Association, that the Nursing Section would be recognized and given a definite place on the programs of the annual meetings of the National Tuberculosis Association.

At the biennial meeting of the National Organization for Public Health Nursing at Atlanta, Georgia, April 9-10, 1920, this Tuberculosis Section was organized, By-Laws were adopted and the following officers were elected:

Chairman, Mary A. Meyers, Indianapolis, Indiana; Vice-Chairman, Blanche Webb, Richmond, Virginia; Nurse Directors: Bernice W. Billings, Boston, Massachusetts; Mrs. Elizabeth Soule of Seattle, Washington; Mary E. Marshall, New York; and Louise Hopkins of Bangor, Maine; Lay Directors: Louise Loring, Prides Crossing, Massachusetts; Mrs. Theodore Sachs, Chicago; and Margaret Holdzkom of Los Angeles, California. Miss Anna Drake of Des Moines, Iowa, was appointed Secretary of the Section by the Chairman.

At this 1920 meeting it was decided that the first duty of the national chairman was to secure representatives for the Section in each state and a definite plan of work was mapped out for these state chairmen. This section meets annually—one year with the National Tuberculosis Association and the next year with the National Organization for Public Health Nursing, but the election of officers and the business meetings are held at the biennial meeting of the National Organization for Public Health Nursing.

At the annual meeting of the National Tuberculosis Association in New York, June 14-17, 1921, the nurses were given three sessions as follows:

On Tuesday, June 14, 4-6 p.m., a Round Table on "Minimum Standards of Requirements for Nurses in Municipal Tuberculosis Work," was conducted, with Miss Bernice Billings presiding, and on Wednesday afternoon at the meeting of the Nursing Section proper, the following program was given: a paper on "Industrial Nursing as a Means of Fighting Tuberculosis," by Dr. Lee K. Frankel of the Metropolitan Life Insurance Company, followed by a symposium on Tuberculosis Nursing—(a) By specialized Staff—Miss Mary Edgecomb, of Providence, Rhode Island; (b) By generalized staff—Miss Anne Sutherland, of New York. Miss Edith M. Blades of the Framingham Health and Tuberculosis Demonstration, Framingham, Massachusetts, read a paper on "The Management of Contact Cases." On Thursday from 9-12 a.m., the Nursing and Sociological Sections had a combined session on Nutrition, Dr. William R. P. Emerson of Boston being the principal speaker. The discussion following was opened by Miss Lucinda Stringer of New York City.

At the Tuberculosis Round Table on Tuesday, a motion was made that the chairman appoint a committee of five to study the question of "Minimum Requirements for Nurses in Municipal Tuberculosis Work" and that a report be presented at the next meeting of the Tuberculosis Section of the National Organization for Public Health Nursing. The following committee was appointed: Grace Anderson of the St. Louis

Municipal Nurses, chairman, Anna Drake of the Iowa Tuberculosis Association, Elizabeth Gregg of the Department of Health of New York City, Agnes Talcott of the Los Angeles Tuberculosis Association, Rose Ehrenfield of the State Board of Health of North Carolina, Mary E. Marshall of the National Tuberculosis Association and Mrs. Elizabeth Soule of the Nursing Department of the University of Washington.*

Immediately after the Convention in Atlanta, letters were sent to each State, directed either to the State Tuberculosis Association or the Public Health Association, asking such organizations to help us find a nurse who was especially interested in tuberculosis work and would be willing to serve as a state chairman for the Tuberculosis Section of the National Organization for Public Health Nursing. At present we have 44 active chairmen, including one for the District of Columbia. The five states not having such representatives are Vermont, New York, Delaware, West Virginia and New Mexico. An outline for the general work of the Section was sent to each state chairman. Among the points emphasized were: That a special effort be made to interest the training schools in each state to give theoretical and practical training in tuberculosis to student nurses; and where it was impossible to give practical training, to urge the training schools to use the course of lectures outlined by Dr. H. A. Pattison and Miss Mary E. Marshall, R. N., of the National Tuberculosis Association. The state chairmen were also asked to encourage nurses doing tuberculosis work to write papers for meetings of clubs and organizations of lay people, emphasizing the importance of the prevention of tuberculosis and urging these chairmen to secure copies of as many of these papers as possible and other information on tuberculosis work in their individual states so that they might be sent to the president of the National Organization for Public Health Nursing and to the PUBLIC HEALTH NURSE for publication.

These Chairmen have been asked from time to time to send in reports so that a general report might be sent to the National Organization for Public Health Nursing, covering the work of the Section. A questionnaire was sent to them asking that they make a final report to be condensed for a report at this meeting. Thirty chairmen have reported.

In the questionnaire sent out we asked them to show the progress of tuberculosis nursing during the past 10 years. It was impossible for most of the chairmen to give a complete report, as statistics were not available in all of the states. They do show, however, a phenomenal growth of preventive facilities in tuberculosis work, such as numbers of sanatorium beds, fresh air schools, tuberculosis clinics, nurses specializing in tuberculosis work in clinics, nutrition, outpatient and social service departments and other lines of educational work. Of course the Tuberculosis Section of the National Organization for Public Health Nursing does not claim credit for all this work, but it has been responsible for interesting training schools in giving either practical or theoretical training in tuberculosis work to student nurses. From the reports sent in we found that in 75 per cent of the states at least 50 per cent of the training schools were giving some training in tuberculosis to their students. The following states sent in reports especially good on this point: Oregon, Iowa, New Jersey, Maryland, Alabama, Massachusetts, Tennessee, South Dakota, Rhode Island, New Hampshire and Indiana.

Miss Helen S. Hartley of Oregon reports:

"Although in 1920 only one training school for nurses was giving practical training in tuberculosis, since that time it has been made a requirement by the State Board of Examiners for ten nursing schools to be affiliated with a tuberculosis institution for three months period. I am sorry to say this committee has no right to claim any credit for this advance, but happy to announce the very efficient members on our State Board

*A report of the nurses' meeting in connection with the National Tuberculosis Convention in Washington, D. C., was given in our July issue.

of Nurse Examiners! All schools of nursing are required to teach theory of tuberculosis nursing!"

In at least one-fourth of the States, the State Board for Examination and Registration of Nurses has questions on tuberculosis. Each state chairman who reported showed she had sent out copies of the outline for lectures on tuberculosis, prepared by Dr. Pattison and Miss Marshall of the National Tuberculosis Association, to the training school superintendents in her state and had secured the hearty co-operation of these superintendents. A number of states have also sent out copies of Miss Louise Powell's paper on "Minimum Standards for Instruction in Tuberculosis for Student Nurses." This course has been recommended by the National League of Nursing Education.

In closing, I would like to urge that this section continue its efforts to have all the nursing schools give practical training in tuberculosis to the student nurses and that all State Boards for Examination and Registration of Nurses have at least two questions on tuberculosis in each examination. I also urge the subcommittee to continue its efforts to establish standards for nurses doing tuberculosis work. As a new effort, I would suggest that the Section, through its state chairmen, make a survey to find out how many graduate nurses in the past five years have contracted tuberculosis, how many of those have died, and the number of student nurses who leave the schools before graduation because of tuberculosis. It has been suggested that such a survey could be made through the alumnae associations and the training schools.

Much credit is due the state chairmen for the splendid way in which they have helped to carry out the work of this Section in the past two years and I am deeply grateful for their splendid co-operation.

Mary A. Meyers, R. N., Chairman, Tuberculosis Section, N. O. P. H. N.

REPORT OF THE TUBERCULOSIS SECTION

Miss Mary Meyers, Chairman of the Tuberculosis Section, gave a report of the work for the past two years.

The report of the Nominating Committee was read and accepted. The following officers were elected:

Chairman: Anna Drake.
Vice-Chairman: Mary C. Nelson, 60 Shiller Street, Binghampton, N. Y.

Directors—Nurses

Grace Anderson, 209 Municipal Courts Building, St. Louis, Mo.
Edna Hedenberg, Normal Hill Center, Los Angeles, Cal.
Mary Meyers, Pythian Building, Indianapolis, Ind.
Mary Van Zile, Canandaigua, N. Y.

Directors—Laymen

Mrs. Theo. B. Sachs, Chairman, Tuberculosis Institute, Chicago, Ill.
Mrs. Kate Vosburg, Azuse, Cal.
Mrs. John Blodgett, Grand Rapids, Mich.

Papers on "Standards for Tuberculosis Nursing" were presented by Miss Gregg, Miss McRay, Miss McGuire, Mrs. Soule, and Miss Foley. General discussion followed.

A résumé of the Nursing Section meeting of the National Tuberculosis Association's annual meeting was given by Miss Drake.

A paper was read by Miss Grace Holmes on "The Importance of Both Theoretical and Practical Training in Tuberculosis for Student Nurses."

The resolution passed at the business meeting was referred to the Resolution Committee of the National Organization for Public Health Nursing.

The report of the tellers and the registration showed that only 145 members sent in their proxy votes and that all those nurses who had registered did not vote. Not a very hopeful picture of women meeting the responsibility of their voting privileges! What can we do before the next Convention to assure a greater participation in the elections? All efforts at democratic organization fail if the members do not vote.

The officers of the Organization were listed in the August magazine. The three members elected to serve on the Nominating Committee for 1924 were:

Miss Margaret Stack of Connecticut.
Miss Mary Cole of California.
Miss Helena Stewart of Iowa.

Although the foregoing summarizes the business transacted and reported upon at the formal business sessions, real business was transacted at some of our program meetings. The discussions at the Record Round Table on Monday showed that "Records" was a vital issue for public health nurses. Several conclusions were arrived at:

That no record adaptable to every community could be developed:

That the problem confronting us was one of accepting (1) certain headings necessary to make records usable and at the same time subject to tabulation, (2) certain fundamental principles for choosing the items under these headings to suit the needs of each community and (3) a common terminology with uniform definitions.

Miss Leete emphasized the ideal child welfare record as one that covered the period from prenatal through school age and was made in triplicate, one to remain with the original agency, one to be the property of the child, and one to go to the school.

The new school records of the American Red Cross were discussed and general approval expressed. Several suggestions for improvement were made. The impracticability of leaving the record in a rural school was brought out, though the desirability of such a plan was recognized.

The Round Table to discuss questions concerning the Vocational Department was held to get the judgment of the membership on several vexing questions. The discussion brought out these facts about which there was a consensus of opinion. "To fit the right nurse to the right work" means an "open door" to all—non-members as well as members. This sometimes means advising the nurse away from public health nursing. It has meant advising those nurses who have done no public health nursing but who want to do it, and who find it impossible to take a course in public health nursing, as to the nearest and best place to get experience on a staff where adequate teaching supervision is given. It sometimes means arranging for temporary work or observation work to round out some nurse's experience. Again this may mean showing an organization wherein its requirements or facilities are not well balanced. It never means sending an unqualified nurse to any piece of work. In other words, it does not "*find* positions for nurses" but it serves the cause of public health nursing because it fits the nurse to the work when the qualifications of the nurse and the needs of the work dovetail. If the department is to be wholly successful, it is necessary to correct one idea, namely, that because good nurses can always find work without registering at a vocational department only poor nurses apply to this department. Many good, unusually good, nurses are registered, some in order to learn of opportunities for advancement, others because they realize that the secretary of the department has her fingers on the pulse of the national need and they wish to be guided by her suggestions rather than their own or those of someone knowing only local needs. When a nurse's credentials are unfavorable the nurse is told in a general way and given opportunity to suggest others with whom the secretary may communicate. The person supplying the unfavorable credential is asked if the nurse knows her criticism, and if not, if it may be conveyed to her through the secretary. Unless she refuses, the situation is discussed with the nurse in the light of all possible credentials, and she is advised according to the best judgment of the secretary. If it is not possible to discuss the specific criticism with the nurse, she is told in a general way that her credentials

are not good and if she produces no good ones she is not placed. The only helpful credential is the honest one which gives a true picture of strong as well as weak points. The department needs such credentials. The secretary needs and wants information about positions where experienced women who can no longer cope with the more active work may still use their experience.

A question of much concern to all three nursing organizations is the completion of the work of the Committee on Nursing Education, the report of which was read at this Convention. It is not possible to estimate at this time the far-reaching effect of the work of this Committee. The attitude of the Convention toward the report is shown by the following letter approved by the three organizations. The report appears in full in *The Nation's Health* for July, will be published in book form in the fall, and its main conclusions appear elsewhere in this magazine.

"My Dear Dr. Winslow:

The National Organizations of Nurses, assembled in Convention in Seattle, have had presented to them the report of your Committee for the study of Nursing Education. They desire to express to you and your coworkers the profound appreciation with which this report has been received by our three organizations—appreciation of the spirit of sympathy and justice which has actuated you in making this study and the deliberate and scientific consideration which you have given it.

We wish especially to express our indebtedness to Miss Goldmark and our appreciation of her great contribution. The results of this study, with its accompanying recommendations, we confidently believe will further the advance of Nursing Education to the end that we may render a greater service.

Signed by *The Presidents of the three National Nursing Organizations.*"

A luncheon was arranged for the Chairman of the Visiting Nurse Association Appraisal Study Committee to meet as many representatives of the visiting nurse associations as possible so as to tell them of the early deliberations of the Committee to get their opinions on all the questions that have been discussed and their suggestions of others to be considered.

Programs of unusual interest were presented on Venereal Disease, Miss Ann Doyle presiding; Workers in the Field of Public Health, Miss Annie W. Goodrich presiding, with Dr. William F. Snow emphasizing the necessity for "team work" on the part of all health workers; the Normal Development of the Child, Miss Elizabeth G. Fox presiding, with Dr. Lucas giving us a scholarly presentation of the normal development of the child toward positive health, and Dr. Hedger emphasizing the need for that positive health for nurses; Tuberculosis, Miss Anna Drake presiding; State and Municipal Nursing, Miss Anna Drake presiding; Visiting Nursing, Miss Glory Ragland presiding; Rural Nursing, Miss Elba Morse presiding; School Nursing, Miss Marie Rose presiding; a Round Table for the Directors of Courses in public health nursing, Miss Elnora Thomson presiding; a Round Table for Superintendents of Visiting Nurse Associations, Miss Alma Haupt presiding; and a Round Table for the Directors of the State Department of Public Health Nursing and Child Hygiene, Miss Jane Allen presiding.

The evening meetings and the joint meeting on "Nursing and the Lay Public", with Dr. Richard Beard's address, added the crowning touch to one of our best Conventions.

Many of the papers will be published in THE PUBLIC HEALTH NURSE and many in the *American Journal of Nursing*. Reprints will be available.

The only criticisms heard were "Too little time for our necessary business meetings." "A pity to have an adjourned meeting on the night of the boat ride:" "Why do we have so full a program that we all want to be in two places at once?" Yet most of us left with a feeling of having missed much and still having come away with much more and looking forward to reprints and long winter evenings in which to "read, mark, learn, and inwardly digest" it all.

STATEMENT BY COMMITTEE ON EDUCATION

OF PRINCIPLES FOLLOWED IN ESTABLISHING PUBLIC HEALTH COURSES; MINIMUM REQUIREMENTS

1. The minimum time required for a course leading to a certificate is an academic year, of which about half should be given to didactic instruction and about half to supervised field work.

It is felt that a student is better prepared for academic work if she has had some field work, either as a preliminary part of her course or in previous experience.

Periods of training, composed chiefly of field work, of not less than four months, may be given, but no certificate should be granted.

2. Wherever it is possible, the direction of such courses should be provided by a college, university, or other school of collegiate grade, rather than by a hospital or other administrative organization.

3. Courses must be directed by a nurse who has had experience in public health nursing and who is competent to teach and supervise educational work. She is the person actually responsible for the standard of work both didactic and practical. It is highly desirable that she should be a college graduate, and where her appointment is in a college or university, this requirement is almost a necessity. Direction of the course must be her main responsibility in case her full time is not required as the Director.

4. Didactic work shall be offered in subjects dealing with nursing, social, teaching, scientific and medical problems. The social subjects should include such courses as deal with social case work, and the scientific basis for the treatment of social problems; nursing subjects—public health nursing in its several branches, organization and administration; teaching—psychology, normal, and at least an introduction to abnormal; preventive medicine—prevention and control of disease, public health administration and sanitation, family nutrition and budget planning.

5. (Practice). Field work shall be given only in connection with previously established organizations which can provide adequate supervision and personnel, a sufficient volume and variety of services, and whose methods are good. The various phases, as general visiting nursing, school nursing, tuberculosis and child welfare nursing, shall be carried on according to sound principles of public health nursing—the promotion of health, prevention of illness, care of the sick. Social case work shall be practiced under the supervision of a trained social worker in connection with a well organized social agency. Sound principles of co-operation with other community organizations shall be taught and practiced.

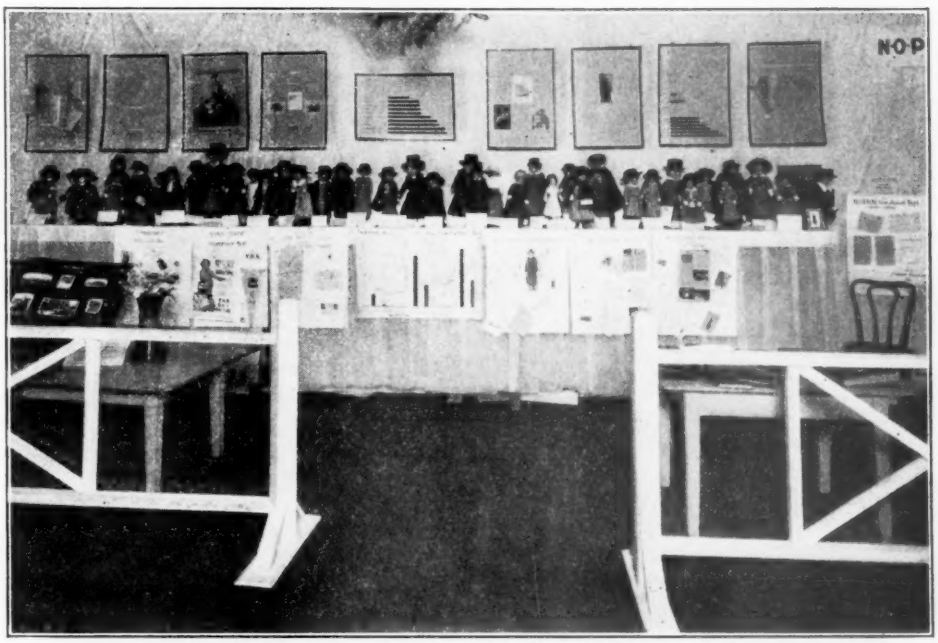
AN INDIAN VISITING NURSE

Miss Clara L. Craine, supervisor of nurses, Visiting Nurse Association of Davenport, Ia., passed through Glacier National Park on her way to the Convention. There she met Mrs. Julia Wades-in-the-Water, a full-blooded Indian, who is visiting nurse on the Blackfeet Indian reservation near the Park.

John Wades-in-the-Water, husband of the nurse, is chief of Indian police on the reservation; and Mrs. Wades-in-the-Water herself is a regularly appointed policewoman, as well as government nurse. She had tales to tell her white sister of a long struggle to wean her kindred from their faith in the 'medicine men' of their tribe.

THE CONVENTION EXHIBIT

By ANNA K. BEHR



On a long wall shelf one found Miss St. Augustine, Miss Los Angeles, Miss Detroit, and Miss Providence. (Note the chart showing distribution of nurse members of the N. O. P. H. N.)

"THE whole convention was a huge success. From beginning to end —from top floor to basement, it was a success." This is what one of the country's foremost nurses said, and we all respect her judgment.

"From top floor to basement"—The basement or gymnasium housed the exhibit, and it was a most attractive resort for the convention-goers, especially between the exciting sessions of the daily program. It was a pleasant thing to be able to visit this cool place of white-sheeted walls, enameled wooden fences, and occasional evergreen trees, and to stop at each open gate-way to learn of the best books for one's particular work, of the most approved hospital appliances, to be shown the proper shoes for service wear, and to see the latest and most delectable way of preparing the ever-present "Jello."

Here were also exhibits of the three National Organizations, and the Red Cross.

At the end of the room was the exhibit of the National Organization for Public Health Nursing. And here, on a long wall shelf, one found representatives from the leading nursing services in the United States. Miss St. Augustine was there, and Miss Los Angeles, Miss Detroit, Miss Oklahoma City, Miss Providence, and many other young Public Health Nurses. In the center was Miss Seattle, charming hostess of them all.

Wall charts gave some telling facts about public health nursing and the relation of the National Organization to this comparatively new profession. Posters, which were changed from day to day throughout the Convention Week, showed the publicity material used by leading local associations in the United States.

The four white tables in the booth held literature which it was believed the individual nurse would find valuable in her work. Reading lists on tuberculosis, school nursing, child welfare work, etc., were distributed, and the nurse who was eager for the names of good motion pictures for the health education of her community also received a list of the best producers of such films.

And here for the first time was exhibited the "United States Album of Public Health Nursing." Each state had been asked for pictures showing the most important phases of the public health nursing service given the citizens of that state. One learned of the difficulties of travel of the nurses in the wide rural sections of the West, of the type of patients the Public Health Nurses serve in the South, and of the living conditions in every state. It was an easy and convincing way of finding out what the "other Public Health Nurse" was doing.

It was generally felt that the Exhibit shared the success of the Convention. Without the hearty co-operation of the nurses throughout the country this would not have been possible, and opportunity is therefore taken of thanking everyone who helped either with material or suggestions.

THE LIGHTER SIDE OF THE CONVENTION

Some of the visitors were fortunate enough to drive into the great forests of Washington and Oregon

REPORT OF COMMITTEE ON NURSING EDUCATION*

THE Committee which presents the following report was first appointed by the Rockefeller Foundation in January, 1919, to conduct a study of "the proper training of public health nurses."

It was, therefore, the pressing need for more, and for better nurses in the field of public health that first suggested the desirability of such an investigation. It soon became clear, however, that the entire problem of nursing and of nursing education, relating to the care of the sick as well as to the prevention of disease, formed one essential whole and must be so considered if sound conclusions were to be attained. A year later, in February, 1920, the Foundation requested us to broaden the scope of our inquiry to include "a study of general nursing education, with a view to developing a program for further study and for recommendation of further procedure." "We have attempted therefore to survey the entire field occupied by the nurse and other workers of related type; to form a conception of the tasks to be performed and the qualifications necessary for their execution; and on the basis of such a study of function to establish sound minimum educational standards for each type of nursing service for which there appears to be a vital social need.

Since it was the obvious need for more adequate nursing service in the field of public health which brought to a head the demand for a comprehensive study of nursing education—long felt and first voiced by the official organization of nurses—it seems natural to begin with a consideration of this phase of the broader problem.

It is obvious that the public health movement has passed far beyond its earlier objectives of community sanitation and the control of the contact-borne diseases by isolation and the use of sera and vaccines. Many major health problems of the present day, such as the control of infant mortality and tuberculosis, can be solved only through personal hygiene—an alteration in the daily habits of the individual—and through the establishment of new contacts with the public—contacts which shall permit the application of the resources of medical science at a stage in disease when they can produce a maximum effect. Such changes in the daily habits of the people and in their relation to their medical advisers, can be accomplished by but one means—education. In its present phase of emphasis on personal hygiene, the public health movement has thus become during the past two decades pre-eminently a campaign of popular education.

The Nurse in Public Health

The new educational objectives of the health administrator may be approached to a limited extent by mass methods. The printed page, the public lecture, the exhibit, the cinematograph, the radiogram, help to prepare the ground and to make success easier. The ultimate victory over ignorance is, however, rarely attained in such ways. Direct personal contact with the conditions of the individual life is essential to success in a matter so truly personal as hygiene. We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public health nurse. In order to meet generally accepted standards we should have approximately fifty

*This report appeared in full in the July issue of The Nation's Health; we publish a portion of the Report, and its Conclusions. The report is signed by the Committee, as follows: C.-E. A. Winslow, chairman, Mary Beard, Hermann M. Biggs, S. Lillian Clayton, Lewis Conner, David L. Edsall, Livingston Farrand, Annie W. Goodrich, L. Emmett Holt, Julia C. Lathrop, Isabel W. Lowman, M. Adelaide Nutting, C. G. Parnall, Thomas W. Salmon, Winford H. Smith, E. G. Stillman, Lillian D. Wald, William H. Welch, and Helen Wood.

thousand public health nurses to serve the population of the United States —as against eleven thousand now in the field. All public health authorities will probably agree that the need for nurses is the largest outstanding problem before the health administrator of the present day.

In view of this fact, public health authorities, both in this country and abroad, have naturally considered the possibility of finding a short way out of their difficulties by the employment of women trained in some less rigorous fashion than that involved in the education of the nurse. It was therefore to the question of the necessary and desirable equipment of the teacher of hygiene in the home that we first directed our attention. There are at present two distinct types of public health nursing practice in the United States—that in which the nurse confines herself to the teaching of hygiene, and that in which such instructive work is combined with the actual care of the sick. A third type of visiting nursing, in which bedside care is given with no educational service, may be observed in individual instances. It results, however, from temporary limitations rather than considered policy, since practically all visiting nurse associations, in theory at least, stress hygienic education in their official program.

The question whether the public health nurse should or should not also render bedside care has been hotly debated during the past few years. The arguments for purely instructive service rest mainly on two grounds, the administrative difficulties involved in the conduct of private sick nursing by official health agencies and the danger that the urgent demands of sick nursing may lead to the neglect of preventive educational measures which are of more basic and fundamental significance. Both these objections are real and important ones. Yet the observations made in the course of our survey indicate that both may perhaps ultimately be overcome. Several municipal health departments have definitely undertaken to provide organized nursing service for bedside care combined with health teaching, while in other instances instructive nurses, under public auspices, combine a certain amount of emergency service with their fundamentally educational activities. So far as the neglect of instructive work is concerned it results from numerical inadequacy of personnel and can be avoided by a sufficiently large nursing staff.

On the other hand, the plan of instructive nursing divorced from bedside care suffers from defects which, if less obvious than those mentioned above, are in reality more serious, because they are inherent in the very plan itself and therefore not subject to control. In the first place—the introduction of the instructive but non-nursing field worker creates at once a duplication of effort since there must be a nurse from some other agency employed in the same district to give bedside care. In the second place, the field worker who attempts health education without giving nursing care is by that very fact cut off from the contact which gives the instructive bedside nurse her most important psychological asset. The nurse who approaches a family where sickness exists, and renders direct technical service in mitigating the burden of that sickness, has an overwhelming advantage, then and thereafter, in teaching the lessons of hygiene. With an adequate number of nurses per unit of population, we believe that the combined service of teaching and nursing will yield the largest results. Nurses employed by state health departments and others whose work is largely stimulative and supervisory in nature may not, of course, be in position to render direct bedside care.

Nurse Best Health Educator

There are other messengers who may be sent into the field to fulfill other functions. The task of the trained social worker, for example, is to diagnosticate and repair maladjustments in social relationships, a

correlated but quite distinct vocational field. Even public health agencies may employ other field workers of an allied type, such as clinic messengers. It is obvious, however, that where health instruction is combined with bedside care the fully trained nurse is the only possible type of health educator; and such a combination represents the one type of service which it is feasible to supply in rural districts. Even purely instructive work, if conducted on the generalized district plan, calls for an ability to detect the early signs of contagious disease, to discern symptoms which suggest tuberculosis, to give counsel as to infant care or the feeding of older children, which can scarcely be attained without a wide training. The relative lack of nursing personnel in Europe has there led to the attempt to train health visitors of the purely instructive type for dealing with special individual problems, such as tuberculosis or child welfare, by training courses much shorter than those required for the preparation of the nurse. Opinion as to the result of such experiments in Europe varies widely; but for conditions as they exist in the United States we are convinced that the teacher of hygiene in the home should be equipped with no less rigorous training then that accorded to the bedside nurse, further supplemented by special studies along the lines of public health and social service.

That an improvement in quality, as well as an increase in the number of public health nurses is fundamental to the complete success of the public health movement, is a point on which we find all competent authorities to be substantially agreed. Miss Goldmark's report of an intensive study of the daily work of 164 public health nurses, representing forty-seven different organizations, gives glimpses of women whose constructive service and compelling personal inspiration seem to touch the highest possibilities of social achievement. Such a nurse establishes herself in the confidence of her community, so that she becomes its trusted adviser and best friend, caring for the sick, securing medical aid, counseling as to hygiene, resolving difficulties of a hundred sorts with the touch of a practised hand.

Nearly half of the nurses observed in our survey were classed as definitely successful in their work and less than one-fourth as definitely unsuccessful—a showing perhaps better than would be made by a random sampling of most professions. Yet it remains true that either from a lack of knowledge of preventive measures or of teaching methods, from failure to effect contact with physicians or with social agencies, a substantial proportion of public health nurses do fail to realize the possibilities of their profession. Administrative policies, overloading, and inadequate supervision, are sometimes at the root of the trouble; yet it is obvious that such a calling as public health nursing demands in the first place a high degree of natural capacity and in the second place a sound and broad education.

Essential Qualifications

We are convinced, therefore, that the teacher of hygiene in the home should possess in the first place the fundamental education of the nurse and that this should be supplemented by a graduate course in the special problems of public health. The latter point will be discussed in detail in a succeeding paragraph but we believe that the general considerations so far discussed warrant the following conclusion:

Conclusion 1

That, since constructive health work and health teaching in families is best done by persons: (*a*) capable of giving general health instruction, as distinguished from instruction in any one specialty, and (*b*) capable of rendering bedside care at need, the agent responsible for such constructive health work and health teaching in families should have completed the nurse's training. There will of course be need for the employment, in addition to the public health nurse, of other types of experts such as nutrition workers, social workers, occupational therapists, and the like.

That as soon as may be practicable all agencies, public or private, employing public health nurses, should require as a pre-

requisite for employment the basic hospital training, followed by a post-graduate course, including both class work and field work, in public health nursing.

Nursing the Sick

With the development of nursing education which we visualize in the future, and particularly with the growth of University Schools of Nursing, to be discussed in a succeeding paragraph, the field for well-qualified teachers of nursing should prove an increasingly attractive one. We believe we may safely advance as

Conclusion 2

That the career open to young women of high capacity in public health nursing or in hospital supervision and nursing education is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such young women into this field.

We may pass next to the urgent and fundamental problem of providing nursing care for the sick of the community. Here we find far less unanimity of sentiment in regard either to the quantitative or the qualitative adequacy of nursing service under existing conditions. An appalling shortage of nurses existed during the war; but conditions have materially changed during the past three years. The census reports show an increase in trained registered nurses, male and female, from 82,327 in 1910 to 149,128 in 1920, a truly phenomenal increase of 83 per cent. Some eleven thousand of these are employed as public health nurses and approximately the same number in hospitals and other institutions, leaving over 120,000 for private duty service, of whom, however, many are not in the active practice of their profession. This 1920 figure gives us a ratio of one trained nurse to seven hundred persons for the country as a whole. The majority of trained nurses are concentrated in the larger cities, so that the rural districts in many states are wholly lacking in service of this kind. The evidence is that at present in the cities the supply of trained nurses is adequate to existing demands in normal times. The reason why many persons who need nursing care in hospitals and in the homes of the poor fail to receive it is to be sought in economic factors, rather than in a shortage of nurses.

In regard to the quality of the nursing service available at the present day we find even more radical differences of opinion. Private physicians frequently express the view that for ordinary nursing, even the graduate of the existing training school is "over-trained," that the service which she renders is too costly, and that a woman with a very brief training in bedside routine would be as satisfactory, or perhaps more satisfactory, than the average registered nurse. As a result of this feeling there have been persistent and vigorous efforts in certain quarters to break down the standards of nursing education which have been laboriously built up during the past twenty years.

Insofar as these efforts would remove the safeguards which guarantee to the patient suffering from acute disease, and to the physician caring for such a patient, the quality of service necessary for safety, we feel that they constitute a real danger to the cause of public health. Nurses, physicians, hospital authorities and legislators, in erecting these safeguards, have been inspired by a just sense of the vital dangers to life which may result from the unskilled nursing of a critical case and of the grave responsibility incurred by both the medical and the nursing professions when such malpractice occurs. We would therefore record our conviction in regard to this point as:

Conclusion 3

That for the care of persons suffering from serious and acute disease the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states and that any attempt to lower these standards would be fraught with real danger to the public.

The remainder of the report is too long to be published here, but we

give below the conclusions which it reaches.

Conclusion 4

That steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practising physicians in the care of mild and chronic illness and convalescence and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing.

Conclusion 5

That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

Conclusion 6

That, with the necessary financial support, and under a separate board or training-school committee, organized primarily for educational purposes, it is possible with completion of a high school course or its equivalent as a prerequisite, to reduce the fundamental period of hospital training to 28 months and at the same time, by eliminating unessential, non-educational routine, and adopting the principles laid down in Miss Goldmark's report, to organize the course along intensive and co-ordinated lines with such modifications as may be necessary for practical application; and that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers.

Conclusion 7

Superintendents, supervisors, instructors, and Public Health Nurses should in all cases receive special additional training beyond the basic nursing course.

Conclusion 8

That the development and strengthening of University Schools of Nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

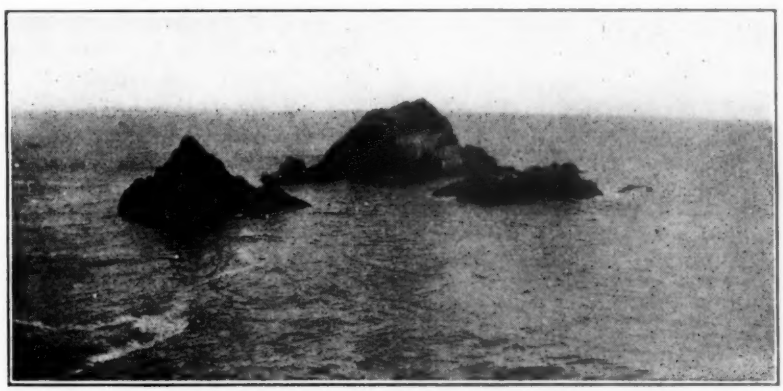
Conclusion 9

That when the licensure of a subsidiary grade of nursing service is provided for, the establishment of training courses in preparation for such service is highly desirable; that such courses should be conducted in special hospitals, in small unaffiliated general hospitals or in separate sections of hospitals where nurses are also trained; provided the standards of such schools be approved by the same educational board which governs nursing training schools; and that the course should be of eight or nine months duration.

Conclusion 10

That the development of nursing service adequate for the care of the sick and for the conduct of the modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance, in this connection, to provide reasonably generous endowment for University Schools of Nursing.

THE LIGHTER SIDE OF THE CONVENTION



The cool breezes of the Pacific were a welcome contrast after the heat of travel.

WHAT SHOULD CONSTITUTE A STATE PROGRAM OF PUBLIC HEALTH NURSING*

By JANE C. ALLEN, R. N.

STATE programs of public health nursing represent a new development both in the nursing profession and in state activities in general. Some states have not as yet undertaken such programs. Many are just now beginning them for the first time. Even those states which have programs apparently well established and functioning smoothly are in reality blazing new trails and making new precedents. Hence any discussion as to what shall constitute a state program of public health nursing must necessarily lead to more or less tentative conclusions. Our state programs are very definitely in the process of making, and a program which we may approve today we are very likely to repudiate or so modify when next we meet that we will scarcely recognize it.

However, with such knowledge as we now have, it would appear that there are three very distinct purposes or goals involved in any properly and successfully functioning state program of public health nursing. These are, first, education; second, organization; and third, standardization. Any state plan which recognizes and follows this trio of aims is generally conceded as at least headed in the right direction.

Education, we all know, is a fundamental principle in public health. To so teach the individual, the family, the community, the why and how of health and so effectually to "create the desire" that such knowledge motivates right habits of living we acknowledge to be a basic need. All that we, as Public Health Nurses, accomplish has this for its goal.

Health laws are not enough. Through actual experience it has been learned that any legislation, and very particularly health legislation, must be preceded by a certain amount of knowledge and a very definite desire on the part of the people, if it is to attain its full effectiveness. Compulsion in health matters, when unattended by knowledge and desire, has again and again failed; and attempts to promote better public health which have been initiated from this starting point have seldom resulted in as far-reaching or as speedily arrived at results as when education is made the groundwork. Furthermore, education is the only possible way by which we can insure to future generations that heritage of health which we so much desire for them. Unless we are able to pass this on there can be no permanency in our public health work.

In this vital part of its public health program the state, through its Bureau of Public Health Nursing, tries to reach not only the public in general—the children in the schools and the families in the homes—but also certain definite individuals and groups in the community—local public officials, physicians, school boards, and the various organizations such as clubs, chambers of commerce, industrial firms, etc., which are, or might well become, interested in the promotion of better community health.

Included in this educational program as it operates through public health nursing are the teaching of (1) personal and community hygiene, (2) disease prevention and especially the control of communicable disease, (3) the value of individual and community health and the recognition of the fact that health is a civic responsibility, (4) a knowledge of current health laws and how to co-operate in their observance, and (5) the need and value of public health nursing and of local public health associations.

*Read before Session on State and Municipal Nursing, Seattle, June 29, 1922.

The means used to carry out this educational program are varied; the State Bureau distributes health educational literature and special bulletins, places exhibits, gives out newspaper publicity, and through its staff of nurses makes personal contacts in conferences with individuals or groups and in talks at public gatherings.

But the greatest opportunity for health educational work lies in the local Public Health Nurses in their different fields throughout the state—the city visiting nurses, the special school nurses, the industrial nurses and the county, or rural, nurses. This is the group which is able to make the most direct and intimate contact with the family in the home. These are the health teachers who hold the open sesame to the hearts of the people most needing their help, because they are equipped to render service with their hands in actual bedside care. As Public Health Nurses we rightly emphasize the instructive and advisory phase of our work, but we must never lose sight of the rich opportunity which bedside nursing gives us in getting our message across to our patients with the most telling force.

The educational program of the State Bureau does not stop with the effort to bring the lesson of health to the different communities in the state—there is also a very definite obligation to the nurses themselves. Public health nursing is a comparatively new branch of an old profession. Its scope, its policies, its methods and possibly, even its technique, are still in a fluid state. Many of us are pioneering in new and untried fields. Most of us are continually meeting difficult problems. All of us are students and learners, and each day's work is an educational process. The State Bureau should so function as to serve as a strong educational factor in the lives of the Public Health Nurses in the state. It should endeavor to teach them (1) to maintain high standards of work (2) to adapt themselves to their local situations, (3) to plan wisely their time and work, and to be able to discriminate between essentials and non-essentials, (4) to co-operate with physicians, public officials, local health organizations, etc., (5) to recognize the value and need of accurate records and reports, (6) to realize the necessity of keeping themselves physically fit and (7) to feeling an incentive in keeping abreast of their profession by reading and study, and by attendance at state and local conferences of nurses.

Having initiated in a given community enough health educational work to insure at least a nucleus of interest and desire, the next step in the program is organization. This should become the immediate goal of the State Bureau of Public Health Nursing. There are many reasons why a pooling of the community resources for the promotion of health is an important part of its program.

In the first place, organization is in itself a strong educational factor. "Doing is learning," and to persuade individuals or groups to become definitely committed to certain responsibilities and tasks in a community health program becomes, for them, a liberal course in health education.

Second, organization means team work and added strength. Enlisting workers representing all the interests in the community, the local public health association furnishes them a common aim and directs their individual efforts into one united enterprise.

Third, organization localizes the general state-wide program and fosters a local sense of responsibility toward local health problems. This is tremendously important, for unless the work does in this way become an intimate part of the community's own life and effort, it is doomed to failure.

Fourth, organization tends to give permanency to local public health nursing work.

Fifth, it affords moral support, secures financial backing, and insures protection to the Public Health Nurse herself and her work.

Sixth, and finally, public health organization is necessary in order that the work may develop and grow and reach its full scope of usefulness in the community.

In Oregon, the county is the unit of organization for public health nursing. From the very beginning the work is initiated with the express aim of securing county funds for its permanent support. Usually the State Tuberculosis Association finances the work during a three months' demonstration period The supervision of the nurse is, however, under the State Bureau. Near the end of the demonstration a county public health association is formed. This is a branch of the State Tuberculosis Association.

It may be of interest to know the plan of procedure which is followed by the State Bureau leading up to the organization of a county public health association. When public health nursing is being started in a county for the first time, the field supervisor of the Bureau accompanies the new nurse to her county. She introduces her to the physicians, county commissioners, school officials and others who have shown an active interest. She helps her plan a regular schedule of visits over the county, designating the geographical centers as community centers. She makes with her the first rounds of these centers. A key person is selected in each center who is asked to appoint a local committee for backing up the nurse in her work in that community during the demonstration. An office for the nurse in the business center of the county or in the county seat is most important as headquarters, and the field supervisor assists the temporary central committee to get this arranged. The nurse is now ready to begin actual work and starts her school inspections as the best introductory work in the different communities.

Towards the end of the three months' demonstration, preparations are begun for the organization meeting. The temporary committees in the community centers are asked to act as nominating committees and get ready their local slates for the new association. A county wide publicity campaign is launched. This includes public meetings and newspaper articles explaining the purpose of the proposed organization, announcements of the organization meeting by posters, handbills and movie slides, and in Sunday pulpits and public schools. If the publicity work is adequately done there will be a well attended organization meeting with representatives there not only from the various community centers, but also from the agencies in the county which should have an interest in promoting a county health program.

The Oregon Tuberculosis Association and the State Bureau of Public Health Nursing have together worked out a standard form for a county public health association constitution and by-laws. This is generally adopted, with very minor changes to suit local needs. After its adoption and the election of officers and committee chairmen, the new association is prepared to take charge of a general health program under advice from the State Tuberculosis Association and the State Bureau of Public Health Nursing.

The third part of an adequate state program of public health nursing is standardization—standardization as applied not only to the nurses themselves, but to the work which they do. This is a most important function of a State Bureau of Public Health Nursing and the ultimate success of the entire state program is largely dependent upon the attention given this division of the Bureau's work. Of how much real and lasting value would the educational and organization program be if certain standards were not set and maintained?

For the nurse herself, standards prevent confusion, inasmuch as they give her a concrete aim and purpose in her work. They lessen for her the use of the trial and error method, and equip her with a measure or gauge for what she does. This adds greatly to the interest which she is able to

find in her work, for as she estimates and compares what she is doing with the standards which have been set for her she feels the zest of striving to achieve and a pride in what she is accomplishing. Standards help her to make her work an intelligent part of the larger health program. They are a protection to her when those who do not understand the purpose and scope of what she is doing try to block or hamper her program. And lastly, by observing certain standards in public health nursing work, we are assured of reliable and recognized data as a basis of progress in the health program as a whole.

For the community, standards act as a stimulus to the attainment of a definite goal. They represent ideals which it is possible to materialize. This effort to make an ideal become something concrete means progress for the work. Human nature is such that we all require some such spur as standards to keep our interest keen and our efforts at their maximum. Standards insure that uniformity as to general plans, methods and technique which not only prevents misunderstanding and protects the work and the community back of the work from unjust criticism, but adds dignity to the work and gains respect and admiration for it. Standards are the bond of interest and sympathy which draws together the local with the state and the state with the national public health nursing program.

What should be the standards in a state program of public health nursing? In Oregon we believe in keeping the standards as high as possible. We have taken this for our policy because we are convinced that in this way we can build surely and solidly. We would rather develop our program more slowly than some other states, but we want it to grow from the right kind of a basis. We think it is more economical in the long run. It does not require an elaborate statement to designate the standards which we are trying to measure up to.

For our Public Health Nurses, the standards of the National Organization for Public Health Nursing are our standards also. For the community health program as the nurse has a part in it, we advocate such a program as will best serve local needs and best promote health in that community. We ask the nurse to carry on a fully rounded-out general nursing program. By this we mean prenatal, maternity, infancy, preschool, school, with particular attention to the control of communicable disease, including tuberculosis. In this general program we advise stressing the particular phase of work which the community seems to need the most. We have been finding, in getting the work started in a new county, that school nursing is the best point of entry.

It is one thing to set standards and quite another thing to reach them and maintain them. Our opportunity for approximate success lies in starting out right and in making certain definite standards an initial requirement wherever possible. Every state program can, and should, do this much at least. But, unfortunately, there are very apt to be in every state certain pieces of public health nursing in operation which have neither been begun according to the approved standards nor are being carried on in an acceptable way. The State Bureau has a very definite obligation here.

For both types of work, that which already approximates the approved standard and that which falls considerably short of it, the big factor in the standardization program of the State Bureau is adequate supervision. If the right kind of supervision is given, not only are the well-qualified workers encouraged and stimulated to their best efforts, but also the poorly equipped nurses are many times so well guided and developed that they little by little raise the standard of their work.

Supervision, as a function of a State Bureau of Public Health Nursing, involves establishing as many

friendly and helpful contacts as possible with the nurses themselves and with those who are directing their work. This may be done by correspondence, by bulletins, by field visits, by personal conferences, by demonstrations, and by receiving and analyzing reports.

Letters between the state office and the worker in the field should be encouraged in every way possible. If a request for help or for advice comes to the Bureau, the inquiry should be met in such a definite and satisfying manner that the one seeking help will come again with future problems.

Nurses' Bulletins containing extracts from each others' letters, helpful articles on timely subjects pertaining to their daily work, suggestions as to desirable professional reading, announcements of new educational literature, new devices for health teaching, are of great value.

It must not be forgotten that records and reports are a very important index of the standard of work being done. A state program of public health nursing should be a fairly uniform one, that is, so far as general purposes, methods and scope of activities are concerned. For this reason, it has been found desirable that the state office receive regular reports and analyze them carefully. This regular and persistent appraisal is helpful both to the state and the local nurses. By evaluation and appreciation of worthy work, the State Bureau can so encourage and inspire and strengthen as to be a real force in raising the whole state public health nursing program to higher standards and greater effectiveness.

But, far more than any other one thing, the field visit by the state supervising nurse strengthens the relationship between the state office and the local work. Here there is the opportunity for personal conferences at the very center of operations. Here there is the possibility of actually demonstrating methods and technique. And here there can be developed that mutual understanding which is so imperative. Both in letters and bulletins and in visits to the nurses in their own fields, the state supervisor can help them get and hold to a vision of the ideals and goals to be worked toward. She can stimulate them to a more active professional interest by inspiring them to do a certain amount of professional reading, to take time for postgraduate study occasionally, and to attend available conferences of nurses or physicians or social workers.

In conclusion, public health nursing is apparently still in the high tide of development and growth. The stimulus felt during the war has shown itself in every state, and one by one the states are becoming obligated to assume the supervision of this branch of public health work. Especially since the enactment of the Sheppard-Towner Act last fall, a marked increase of interest is being indicated.

On the other hand, there is evidence of a very definite anxiety on the part of some lest medicine is becoming too much socialized, and the Public Health Nurses are being given too much initiative and responsibility in the public health movement. This is reacting unfavorably on public health nursing in a few of our states. All of this tends to keep the situation full of uncertainty. Just how soon there may come a change in the popularity of the public health nursing movement, no one can tell. Our conclusions at this time must be tentative ones, and we must hold ourselves in readiness to make new adjustments and see our programs undergo some radical modifications.

What each one of us must hold to staunchly and firmly is the fact that there are certain definite fundamentals in our profession which are right and just. These underlying principles should have our unvarying loyalty, and we should stand by them regardless of all else. This much we owe to the best ideals in our profession of public health nursing.

ACHIEVEMENTS IN VENEREAL DISEASE CONTROL

FISCAL YEAR ENDING JUNE 30, 1921

By C. C. PIERCE

Assistant Surgeon-General, Division of Venereal Diseases, U. S. Public Health Service

THE State boards of health, in co-operation with the United States Public Health Service, have continued to make very material progress during the third year of fighting venereal diseases. These gains represent a sustained effort to compensate for the sharp decrease in Federal allotment funds from $1,000,000 to little more than one-half that amount. This is even more true of the current year for which Congress refused an appropriation.

I. MEDICAL MEASURES

Venereal disease clinics have increased in number by thirteen per cent, so that with the close of the year 464 clinics were under joint State and Federal control. These represent three-fourths of the clinics in operation. During the year 90 new clinics have been established. In this way the organization of venereal disease clinics remains one of the most important accomplishments of the program for combating venereal diseases.

In the course of the year 140,700 admissions entered these clinics. Reduced to relative numbers, with 1920 admissions as 100, the 1921 admissions for syphilis increased to 119, and for gonococcus infection to 106. An analysis by months reveals rising numbers of new admissions from less than 10,000 in July to more than 14,000 in March, 1921. For the United States the monthly admissions averaged nearly 30 cases per clinic.

Again, more cases of syphilis than of gonococcus infection have been treated, despite the larger incidence of the latter. Doses of arsphenamine show an increase per clinic of more than 300 doses.

During the year the clinics discharged 55,400 cases as non-infectious. Analysis by months shows an increasing trend for these discharges, which rose from less than 4000 in July to more than 6000 in May, 1921. This slight but steady increase in the proportion discharged as non-infectious may prove an encouraging index of progress. These results represent a 60 per cent increase over 1920, and a per clinic increase of 36 patients.

The venereal disease clinics further reported large and hopeful increases in the use of Wassermann tests, which reached approximately 252,000. Count of the examinations made with the dark field, however, showed only 7500 reported by a comparatively small number of clinics, in spite of the importance of the dark field in the diagnosis of early syphilis.

Co-operative rural health clinics were another special development of the State medical work. Thus Alabama arranged co-operative clinics covering 67 counties, where a complete course of arsphenamine is available.

The number of venereal cases reported by State boards of health has apparently increased by one-third in 1921. Syphilis reports increased 52 per cent, while those of gonococcus infection have increased only 18 per cent. These totals show 217,800 were syphilis, 203,200 gonococcus infection, and 13,600 chancroid.

However, were it not for the larger totals reported from Pennsylvania, Kentucky and Texas, the country-wide totals for 1921 would probably have fallen below those of 1920.

The striking excess of syphilis over gonococcus infection is largely due to a similar excess in the totals reported by both New York and Pennsylvania. This excess, in turn,

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* Read before Session on Venereal Diseases, N. O. P. H. N., June 27, 1922.

is probably due to the method of reporting cases through the laboratories in these States. As Dr. Joseph S. Lawrence suggests, "the above ratio would change if gonorrhea were more difficult to diagnose in all of its acute stages and less difficult in its chronic stages."

It might be of interest in passing to suggest that variations in the proportion of acute venereal disease reported may have some value as an index of progress. An analysis by months of New Jersey figures for syphilis, extending over three years, shows a decreasing trend in the proportion of primary cases reported. Statistics furnished the Service by 10 States show primary or acute venereal disease averaged 30 per cent of cases reported in 1921. Individual States gave varying proportions of primary syphilis, from 8 per cent in New Jersey to 40 and 50 per cent reported by Tennessee and South Dakota.

The Public Health Service is not yet prepared to accept the present stage of notification as affording an adequate indication of the incidence of these diseases. There is the greatest variability among the States in percentages of physicians making case reports, ranging from the very high percentage claimed by Mississippi, to as low as 8 or 9 per cent. Special returns to the Service from 14 States representing nearly one-fifth of the physicians of the country, show less than 30 per cent of the total physicians reported venereal disease during the year 1921.

Missouri in 1921 sent out questionnaires to all physicians, except in the three large cities. Among 2300 physicians, 62 per cent answered they did not treat any cases of venereal disease the previous year. Assuming that a larger percentage of the city physicians treat venereal diseases, Dr. R. L. Russell estimated that fully 50 per cent of the physicians in Missouri will not treat a case of venereal infection. It is also known that physicians listed are not always practicing medicine. If the percentage of physicians reporting, therefore, be calculated on one-half the number of physicians listed, the efficiency of physicians' case reporting in the 14 States at once rises to 55 per cent.

In connection with reporting efficiency, it might be of interest to note several devices used. Mississippi employed a questionnaire, to which more than one-fourth the physicians replied. Of those answering, for example, nearly three-fourths stated they were seeing fewer cases of gonorrhea and syphilis than a year ago; or again, said that they made case history reports for all morbidity reports sent in. Nebraska submitted to the physician a letter of inquiry covering any unstated facts in his case report, with "uniformly good results." Tennessee prepared for a systematic check by utilizing an individual record card relating to each physician.

The Washington All-America Conference on Venereal Diseases at the close of 1920, sought to arrive at a consensus of the best opinion concerning present problems. The 450 delegates were from virtually every State. The work of the Conference was divided into 7 medical and 5 educational, social and legal sections.

This Conference recognized the necessity of basing standardization of arsenicals and other potent remedies upon proved properties of biologic action. It dismissed the complement fixation test for gonorrhea as not yet shown to be of value; but advised uniform methods for Wassermann tests within an active organization. It dealt with diagnostic tests in syphilis, emphasizing the demonstration of the Treponema pallidum in primary and secondary lesions and placed certain limitations upon interpretation of Wassermann reactions. The Conference recommended that complete examination of the spinal fluid be employed in the diagnosis and treatment of syphilis.

Standardization of procedure in the treatment of syphilis was declared not yet possible, although formulation of minimum requirements was justified. As regards gonococcus in-

fection, the Conference recommended the method of treatment now detailed in the manual issued by the American Medical Association.

The Conference urged that a routine laboratory examination be made on all men and women admitted to State penal institutions. In this connection, 24 State prisons have reported that of 11,700 male admissions, 72 per cent were given the Wassermann test and 20 per cent of these tests were positive. Of 1200 female admissions to 14 prisons, 97 per cent were tested and 35 per cent of the reactions were positive. Similarly, 36 State reformatories and industrial schools have reported to the Service that of 6500 male admissions, 61 per cent were tested and 9 per cent of the Wassermann reactions were positive; whereas of 1500 female admissions, 92 per cent were tested with 16 per cent positive.

Further, the All-America Conference not only recommended that the venereal clinic should be part of a general clinic, but also that general hospitals should admit patients requiring hospital treatment for venereal disease. This was also embodied in a resolution of the American Hospital Association. It is therefore of interest that nearly two-thirds of all hospitals of over 25 beds have reported to the Public Health Service regarding their policy toward venereal disease admissions.

Of 1700 hospitals (in all States) 43 per cent declared that they admit cases of syphilis showing primary and secondary lesions; and 41 per cent, active cases of gonococcus infection. Moreover, one-half the hospitals said they never find it necessary to omit from histories venereal-disease diagnoses, whether primary or complicating. Thirty per cent reported a routine Wassermann is given, on an average, to fully one-half their patients. Finally, care of venereal diseases was reported to be the special work of a member of the staff in 350 hospitals.

With regard to medical research, the U. S. Interdepartmental Social Hygiene Board renewed appropriations for twelve researches, relative to syphilis and gonococcus infection. Funds were provided for four new researches, concerning problems in syphilis.

II. EDUCATIONAL MEASURES

Decreased funds available to the State boards of health find their reflex in fewer lectures, exhibits and film showings, fewer pamphlets distributed.

Nevertheless, pamphlets to the number of 4,118,700 on the subject of venereal diseases and their control have been distributed. Ninety-three per cent of these were distributed by the State boards of health, in accord with the policy of centralizing this work in the States. Requests for pamphlets reached a total of 88,500.

Exhibits and lantern slides stressing the seriousness of the venereal menace and preventive measures, have been given 4400 showings, to a combined audience of more than one million. The social hygiene exhibits acquired by the State boards of health increased to more than 600.This included 150 sets of the "Youth and Life" exhibit for girls and 300 miniature edition sets of the "Keeping Fit" exhibit.

Nearly 9000 lectures have been held for business men's organizations, women's clubs, fraternal orders, and other groups, and these were attended by 1,222,700 persons.

Colored lecturers have held 500 meetings for colored people and have reached more than 108,000 in four Southern States. They have extensively used the colored boys' "Keeping Fit" exhibit. To secure the cooperation of Negro leaders, 3000 teachers and about 500 clergymen were reached in summer social hygiene courses.

Of somewhat special interest is the social hygiene field car, with uniformed officer, which completely covered five North Carolina counties and gave 53,500 persons an opportunity to view the motion pictures and listen to lectures. In Florida

and New York States more than 80,000 persons saw one or more of these films and heard the lecture.

Social hygiene moving pictures have been presented to 1680 audiences, including 439,500 persons. Much time and thought has been spent on the preparation of twelve reels of film suitable for adolescent-age groups in the schools.

Sixteen conferences of educators have been held, extending into the West and South, in order that sex education may develop in the schools as an important preventive measure. The U. S. Interdepartmental Social Hygiene Board has made Federal allotments for departments of hygiene in 40 colleges, normal and medical schools.

The Public Health Service has also conducted a systematic circularization of organized labor groups, and a questionnaire survey in 572 cities of public opinion regarding prostitution.

The convening of institutes, finally, represents an outstanding advance in venereal disease control. The Service conducted the Washington Institute on Venereal Disease Control at the close of 1920, with more than 600 interested health officers, physicians, clinicians and social workers present. The value of this institute as the forerunner of the public health institutes now being held in a score of cities under the auspices of the State boards of health, is impressive.

III. LEGAL MEASURES

Laws providing for the control of venereal diseases were passed in 28 States. These included vice-repressive acts (2); injunction and abatement laws (3); laws prohibiting the advertising of nostrums (7); laws to prevent ophthalmia neonatorum (8); marriage fitness acts (4); and acts raising the "age of consent" (3).

The protective social measures program of the U. S. Interdepartmental Board has been carried on by a field force of some 150 workers in 55 cities and towns. More than 7000 delinquent women received individual social treatment from women agents. This field force assisted local law-enforcing authorities in the supression of 57 red-light districts.

For the year 1921 the amount available to the States from Federal funds was decreased to $546,345 and no appropriation made for 1922. Again, 46 States qualified. Legislative appropriations have been made in 36 States during the past year. Idaho and Nevada, together with the District of Columbia, failed to receive allotments but both States have funds available for the current year.

It is perhaps interesting to note that of approximately one-half million dollars expended by State Boards of health in venereal disease control, some 25 per cent went for administration, 51 per cent for treatment, 16 per cent for educaton and publicity, and 8 per cent for repressive measures.

But praise is due the various State boards of health for their strenuous efforts to continue upon the same scale as in the past, despite such drastic curtailment of Federal aid.

NOTE

Post cards having the seal of the National Organization for Public Health Nursing are available at National Headquarters. The cost is one cent each.

RELATION OF OCCUPATIONAL THERAPY TO VISITING NURSE WORK

By IDELLE KIDDER
Director, Missouri Association for Occupational Therapy

THOSE who are actively in the work of caring for patients in their homes who are physically and mentally unable to lead normal lives and follow customary lines of work, are the ones who realize most keenly that there is still a lack of something for a vast number of these patients.

Only a few years ago the family physician, relatives and neighbors gave most unselfishly of their time, strength, and experience to care for those suffering from accident, disease, poverty, or riches. In many instances the "family doctor" had to act as nurse, dietitian, social worker, general adviser and placement bureau, and train his constantly varying assistants for the greatest needs in the emergency, by giving a few instructions, a few cautions, and hasty demonstrations.

Gradually the hospital grew into being and there followed the graduate nurse, the specialized medical profession, the hospital dietitian, the medical social worker, and other specialized agencies, giving all possible assistance to those fortunate enough to have hospital care.

Then there followed the effort to take much of this into the homes for those unable to receive or those not needing hospital care; thus, in most of our cities, and many smaller communities, the Public Health Nurse with medical supervision has been made possible.

Just as we were considering we had rather a complete piece of work in our modern hospitals and homes for the care of our patients, a realization began to spread that there still was something lacking which might assist in hastening a cure or in some instances producing an improvement.

With the developing of neurologists and psychiatrists, more and more has been known of the mental human being and the action and needs of the brain under disease and other abnormal conditions, and how to keep one as near normal as possible.

We now know that small groups of the medical profession, in a few localities, for many years have worked untiringly with mental patients, substituting work for idleness, restraint, and seclusion. They realized that work is a basic principle and were convinced that all normal individuals must have some form of occupation.

At the beginning of the World War these psychiatrists and neurologists suddenly found themselves with tremendous problems to manage; war neurosis (shell shock) and other mental ailments presented themselves in such numbers and forms that the small group was all too insufficient to meet the emergency. Special medical men were trained in large groups for directing the work, and at this time the titles "Occupational Therapists" and "Reconstruction Aides" were coined.

Art students, craft workers, and teachers of academic subjects were given a few medical lectures, a smattering of various craft work, a glimpse into hospitals, a little knowledge of convalescence and its problems, then were rushed to camp hospitals abroad or into our government hospitals at home, to help in carrying cheer, interest and definite work to those spending long hours in pain, depression, fear and loneliness in war hospital life. Here was where the real recognition came that "prescribed and guided work" in itself cared definitely for a large group of patients and produced many "work

*Read before session on Visiting Nursing Service, June 30, 1922.

cures" not manageable through other forms of treatment.

With the closing of the war, the problem of the care of the disabled was by no means ended; mental, gassed, tuberculous, surgical and medical patients still taxed the resources of our government hospitals. So successful had been the work of the occupational therapists that one of the present requirements of our government hospitals is that they each have equipped an occupational therapy department where patients may be assigned, by a prescription from the medical officer in charge, for either bedside or shop work.

The same action has been taken by many of our states and cities. Missouri has well undertaken the work in all the mental and tuberculosis State hospitals, and the City of St. Louis is financing the work in three of its city institutions.

This assured the already existing schools that there still was a need for their continuing, but that the plan was no longer an emergency, but a definite scheme to develop methods for giving the greatest assistance in producing desired therapeutic results during convalescence.

So rapid has been the growth in the belief of the directed "work cure" that at the present time the results of the war constitute a very small per cent of the many calls for the trained occupational therapist. State hospitals for the care of mental and tuberculous patients, as well as city and private institutions for the same types of patients alone, are making appeals to our schools far beyond the number of the graduates; added to this are the appeals of the general and special hospitals and sanatoria for assistance and workers to help in their problems.

As the work of occupational therapy has progressed during the past few years, one has constantly heard mentioned "the shut-in" "the home-bound" and known of various small attempts at solutions for reaching the handicapped staying within the home.

When we are told upon authority that "there are as many beds for the insane in this country as there are hospital beds for all other diseases combined," is it not time for us to reconsider the kind of education and training most needed not only for hospital work, but for work within the homes? With the present over crowded condition of most of our hospitals and the ever increasing expense necessary for hospital care, and the knowledge of the effects of frequent or long hospital residence, we hear the expressions "hospitalized" and "institutionalized." Now that there is so much discussion upon "the home, and its disappearance," is it not time to unite in an effort to infect many of our patients, and their families, with "home-itis" that more may become "home-ized?" This needs the united efforts of the medical men, nurses, and occupational therapists.

If there could be more definite training regarding the mind and its action and needs, given to those who are taking any form of education or treatment into the homes, there would result a greater interest in, and a better understanding of, the many danger symptoms with which they constantly come in contact.

Visiting nurses see the lack of orderly habits and meet many cases of "nerves" due to subconscious and repressed desires. Some individuals have unconsciously chosen a form of behavior to satisfy some desire, be it only a longing for attention. There may result disorderly habits, idleness (leading to introspection), sensitiveness, irritability, apprehension, depression, or any one of the many forms of destructive behavior which lead to the most serious results, unless corrected in childhood or during the formative period. If the nurse can assist in correcting the bad habits by establishing a creative activity within her patients and have them substitute worth while occupation and the right mental attitude in place of idleness and bad habits, they are already in the field of

occupational therapy and are building on the very foundation which gave the "work cure" its start.

Who is going to successfully take "Occupational Therapy," as such, into the homes?

When new lines of work are being contemplated and methods planned for putting them into effect, the financing of the undertaking is generally one of the most important matters which has to be considered until it has proven itself. It must be realized that *time* is needed to educate more than *prime believers* and workers in an undertaking to have any work adequately done. Such was the beginning of Public Health Nursing.

Few boards who govern the constantly developing activities of any scientific or technical work are composed of enough members who can know definitely the required procedure and needs of the work they are managing. Available funds frequently cannot go to the most vital needs of a work in the beginning, unless a board is ready to carefully select some one in whom they have faith, and will then delegate her to develop and direct the work for which she has been trained.

Fortunately, the believers with the vision struggled on, with the result that today there are many nursing organizations in our cities and smaller towns well equipped with the best trained graduate nurses doing the highest grade of visiting nurse work.

Occupational therapy for the home now stands much in the same position as public health nursing did some twenty or more years ago. First, what is occupational therapy? It seems to me, the definition accepted by the American Occupational Therapy Association nearly a year ago, completely covers the subject:

"Occupational Therapy is any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to or hastening recovery from disease or injury."

This definition in itself would naturally presuppose definite training, ability to use this training intelligently, and, in the use of the word "prescribed," a physician's prescription. With this as a definition for occupational therapy, who is to carry the work to the "shut-ins" or the "home-bound?" To be "occupational therapy" it can be only for such home bound individuals as may be under medical care and direction for recovery from disease or injury. There are other "home-bound" individuals where much work could be done as a financial assistance to them, which should be done by another group entirely and classed as vocational training.

It is with the deepest interest that I bring this problem of "The Relation of Occupational Therapy to Visiting Nurse Work" to the Visiting Nurse Session of the Seattle Convention, for I have long felt that the visiting nurse associations must help solve and formulate the plans for occupational therapy within the home.

At the present time there seem to me only two ways through which properly trained workers can adequately meet the situation: either some of the already trained nurses must add to their training the medical psychology and craft knowledge to enable them to be graduate occupational therapists, or some of the occupational therapists must add to their training something of that of the visiting nurse to fit them for the problems connected with home care and treatment. After either of these ways of training I firmly believe that the occupational therapist should be a part of the visiting nurse organization and entirely under its director for the schedule, plan, and reporting of her work. In most instances the work of the nurse and the occupational therapist for a time would overlap, but each caring strictly for her own line of work. In many instances the number of visits by a nurse would be lessened by having an occupational therapist who would continue in the home under a physician's prescription. If one has gone the rounds into the homes, with a capable and interested nurse, one must realize that there

has been an effort for a long time to give these patients much more than nursing care alone. The interest has existed, but time and special duties have made it impossible for the nurse to do much teaching outside of her prescribed duties.

In May, 1922, Miss Glory H. Ragland, Director of the Visiting Nurse Association of St. Louis, sent out the following questionnaire to twenty of the larger cities having visiting nurse associations:

1. Have you such a department in operation? How is it functioning? What do you call it?
2. Is this work done by art students or graduates of occupational therapy? Are any of these trained nurses?
3. How long has this work been in operation?
4. What provision is made for salaries? Are the occupational therapy salaries the same as for nurses on the staff? Hours on duty? Are other duties required of these workers?

Of the eighteen replies received, only two cities in the country are making any attempt with occupational therapy through visiting nurse organizations.

In Philadelphia and Toledo definite work has been done for nearly two years in each city. Philadelphia has two paid workers and one full time volunteer, the work being done by graduate occupational therapists, no trained nurses having any part in the work. The department was undertaken in September, 1920; the supervisor of the department receives $1400; the assistant $1200, hours nine to five.

From Toledo, the statement came that the department is functioning very well; they visit the tuberculosis hospital, and do some vocational work with home cases, with two part time workers (4 hours) who have had some training; one is a trained nurse. One is paid by the Rotary Club, the other by the Visiting Nurse Association. Salaries practically the same as nurses on staff, no other duties required of them.

Though comparatively few of our visiting nurse organizations have undertaken occupational therapy departments, I believe the main reasons are that few of our nurses have realized the great opportunities in this profession. Consequently few have been registered in our schools for this added training, and, owing to the great demand, institutions have taken our best prepared occupational therapists as soon as they have obtained their certificates of graduation.

In conclusion, I would like to urge the support of the visiting nurse associations in interesting nurses in the field of occupational therapy. If some action could be taken at this time whereby plans may be later evolved to have the "work cure" within the homes under the direction of the visiting nurse associations, I feel the success of the work will not only be assured, but be accomplished in the most direct and speedy manner.

The lonely villages of the desert made us realize something of the difficulty of public health nursing in the vast western country.

LAKE MOHONK CONFERENCE

ON HEALTH EDUCATION AND THE PREPARATION OF TEACHERS

The Conference at Lake Mohonk on Health Education and the Preparation of Teachers was of very special interest and value. We quote some paragraphs from the advance report issued by the Child Health Organization, and regret that space limit in this number does not permit of a fuller report. We hope in our next number to present the conclusions of the nurse-group present as to the significance of the questions brought out by the Conference in connection with public health nursing, and the whole question of nursing education.

AT LAKE Mohonk, N. Y., June 26 to July 1, 1922, a conference of authorities met to discuss Health Education and the Preparation of Teachers. The conference was called by the U. S. Bureau of Education and the Child Health Organization of America. Dr. C. E. A. Winslow, Professor of Public Health of the Yale University School of Medicine, was chairman of the Program Committee, and Dr. Thomas D. Wood of Teachers College, Columbia University, and Vice-President of the Child Health Organization, directed the conference as Chairman of Sessions.

A large proportion of the papers and discussions dealt with the making of a successful teacher of health. Dr. Caroline Croasdale unveiled this painting of an ideal teacher:

"It is well to remember that healthy, happy living is an art as well as a science, and no amount of teaching of the bare, cold facts of the sciences relating to health will succeed in producing that first and most fundamental necessity in health education—a healthy, happy teacher. We must give the prospective teacher the health ideal, energized in her by a huge wish for accomplishment, both in herself and in her future pupils. The health ideal placed before her must be that of positive health. She must really appreciate and understand that it no longer sufficies to be simply not sick, she must aim to be always gloriously well."

In discussing the subject-matter of health education to be taught to children, Dr. C. E. A. Winslow said he was convinced that "habit formation should no doubt be our first aim, but is by no means our only aim in health education. We must also lay a sound basis of knowledge if the child is to be something more than an automaton—if it is not only to learn certain tricks but is also to acquire intelligence which will enable it to modify its habits to meet the changing conditions of its life."

The results of the Conference may be epitomized in five questions and answers:

1. What sort of a person must the teacher who teaches health successfully be? She must be "health-minded" and so gloriously well herself that she fairly oozes health and happiness.

2. What must the teacher of health know? She should have a knowledge of the general principles of applied chemistry, applied biology, applied physiology, applied psychology, and applied bacteriology, and a course in health education in which the fundamental subject-matter taught should be derived from the following fields: Personal Hygiene, Nutrition, Social Hygiene, Mental Hygiene, Health and Care of Infants and Young Children, Health of Childhood and Adolescence, First Aid and Safety, Hygiene of the Worker, Home Nursing and Care of the Sick, School Hygiene, Physical Education and Principles of Health Education and Practice Teaching.

3. What should the child be taught about health? In kindergarten, through the fourth grade, primary emphasis should be laid upon habit formation; in the fifth and sixth grades the child should gain a conception of the functioning of the body as a whole, although the content of the course should still be correlated with health habits and practice; in the Junior and Senior High Schools, while continuing to fix the habits and broaden the knowledge of the boy or girl, problems arising from group activities offered in school, home and community should be stressed.

4. In what part of the curriculum should health be taught? It should permeate the whole curriculum.

5. How should the child be taught health? He should first be interested in health by concrete appeals to his imagination; when he begins to ask questions he should be given the scientific information necessary to answer them in a way that will appeal to his reason, and he must be given abundant opportunity to practice the health habits.